

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005159

FILED
Feb 13, 2009
Secretary of State

Entity Name: THE COLONY AT SABAL TRACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5740 SABAL TRACE DR
NORTH PORT, FL 34287

New Principal Place of Business:

Current Mailing Address:

6025 TAYLOR RD
UNIT 2
PUNTA GORDA, FL 33950

New Mailing Address:

26530 MALLARD WAY
PUNTA GORDA, FL 33950

FEI Number: 20-4095039

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAR HOSPITALITY MANAGEMENT
6025 TAYLOR RD
UNIT 2
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

STAR HOSPITALITY MANAGEMENT
26530 MALLARD WAY
PUNTA GORDA, FL 33950 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

02/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WISE, JOHN
Address: 9 RIVERSIDE RD
City-St-Zip: WESTON, MA 02493

Title: D () Delete
Name: KILSON, GAIL
Address: 5762 SABAL TRACE DR., 104
City-St-Zip: NORTH PORT, FL 34287

Title: DVP () Delete
Name: CAMPBELL, DICK
Address: 9 RIVERSIDE RD
City-St-Zip: WESTON, MA 02493

Title: D (X) Delete
Name: STOCK, LINDA
Address: 9 RIVERSIDE RD
City-St-Zip: WESTON, MA 02493

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: STOCK, LINDA
Address: 9 RIVERSIDE RD
City-St-Zip: WESTON, MA 02493

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN WISE

P

02/13/2009

Electronic Signature of Signing Officer or Director

Date