

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004709

FILED
Apr 20, 2008
Secretary of State

Entity Name: SABAL TRACE MASTER ASSOCIATION, INC.

Current Principal Place of Business:

1532 RIO DE JANEIRO AVE
PUNTA GORDA, FL 33983 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 380758
MURDOCK, FL 33938 US

New Mailing Address:

FEI Number: 65-0563543

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WISHARD, KRISTINE
1532 RIO DE JANEIRO
PUNTA GORDA, FL 33983 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MAGNESS, WALLACE
Address: 5511 BIRKDALE CT
City-St-Zip: NORTH PORT, FL 34287

Title: VPD () Delete
Name: CAMPBELL, RICHARD
Address: 1801 GLENGARY ST
City-St-Zip: SARASOTA, FL 34231

Title: STD () Delete
Name: MULLAN, DONALD
Address: 5800 SABAL TRACE DR #1001
City-St-Zip: NORTH PORT, FL 34287

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STD (X) Change () Addition
Name: REEVES, ALAN
Address: PO BOX 380758
City-St-Zip: MURDOCK, FL 33938

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: WALLY MAGNESS

PD

04/20/2008

Electronic Signature of Signing Officer or Director

Date