

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004709

**FILED**  
**Apr 26, 2010**  
**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:**

1532 RIO DE JANEIRO AVE  
PUNTA GORDA, FL 33983 US

**New Mailing Address:**

PO BOX 380758  
MURDOCK, FL 339380758 US

**FEI Number:** 65-0563543

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THE LAW OFFICES OF LOBECK AND HANSON, P.A.  
2033 MAIN STREET - SUITE 403  
SARASOTA, FL 34237 US

**Name and Address of New Registered Agent:**

THE GATEWAY GROUP  
1532 RIO DE JANEIRO AVE  
PUNTA GORDA, FL 33983 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:** KRISTINE WISHARD

04/26/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** MAGNESS, WALLACE  
**Address:** PO BOX 380758  
**City-St-Zip:** MURDOCK, FL 33938

**Title:** VPD  
**Name:** TAYLOR, HARRY  
**Address:** PO BOX 380758  
**City-St-Zip:** MURDOCK, FL 33938

**Title:** STD  
**Name:** REEVES, ALAN  
**Address:** PO BOX 380758  
**City-St-Zip:** MURDOCK, FL 33938

I hereby 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 all other like empowered.

**SIGNATURE:** WALLACE MAGNESS

PD

04/26/2010

Electronic Signature of Signing Officer or Director

Date