

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002447

Entity Name: VILLAS OF SABAL TRACE ASSOCIATION, INC.

FILED
Mar 08, 2021
Secretary of State
9470972045CC

Current Principal Place of Business:

C/O SW GATEWAY, INC
1532 RIO DE JANEIRO
PUNTA GORDA, FL 33983

Current Mailing Address:

PO BOX 380758
MURDOCK, FL 33938

FEI Number: 59-3674763

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SW GATEWAY, INC
1532 RIO DE JANEIRO
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

03/08/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name MORRILL, ROBERT
Address PO BOX 380758
City-State-Zip: MURDOCK FL 33938

Title VP
Name BLUCHER, JAMES
Address PO BOX 380758
City-State-Zip: MURDOCK FL 33938

Title TREASURER
Name TICHVON, RICHARD
Address PO BOX 380758
City-State-Zip: MURDOCK FL 33938

Title SECRETARY
Name BARRIERE, RONALD
Address PO BOX 380758
City-State-Zip: MURDOCK FL 33938

Title DIRECTOR
Name FRANKS, MARYANN
Address PO BOX 380758
City-State-Zip: MURDOCK FL 33938

Title DIRECTOR
Name MAHORNEY, LARRY
Address PO BOX 380758
City-State-Zip: MURDOCK FL 33938

Title MANAGER
Name WISHARD, KRISTINE
Address PO BOX 380758
City-State-Zip: MURDOCK FL 33938

Title DIRECTOR
Name MUZZICATO, ELIZABETH
Address PO BOX 380758
City-State-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: KRISTINE WISHARD

MANAGER

03/08/2021

Electronic Signature of Signing Officer/Director Detail

Date