

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000002447

**FILED**  
**Feb 25, 2020**  
**Secretary of State**  
**7190049708CC**

**Entity Name:** VILLAS OF SABAL TRACE ASSOCIATION, INC.

**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

02/25/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title            VP  
Name            MORRILL, ROBERT  
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            MACK, HOWARD  
Address        PO BOX 380758  
City-State-Zip: MURDOCK FL 33938

Title            DIRECTOR  
Name            SEAL, TERRY  
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

*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**

02/25/2020

Electronic Signature of Signing Officer/Director Detail

Date