



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90034 049 ****70.00

DOCUMENT # N04000004822 1. Entity Name SAGE CREEK HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 1780 SAGE CREEK COURT ORLANDO, FL 32809			Mailing Address 1780 SAGE CREEK COURT ORLANDO, FL 32809		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 1.2em; font-weight: bold;">40070452</div>  <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 04142008 Chg-NP CR2E037 (12/06) </div>	
City & State Zip Country		City & State Zip Country		4. FEI Number 54-2151986 <div style="float: right; font-size: 0.7em;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent SMITH, STEPHEN 1506 SAGE CREEK COURT ORLANDO, FL 32824				7. Name and Address of New Registered Agent Name <u>Smith, Stephen</u> Street Address (P.O. Box Number is Not Acceptable) <u>1780 Sage Creek Ct</u> City <u>Orlando</u> <u>FL</u> Zip Code <u>32824</u>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution		\$5.00 May Be Added to Fees Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, STEPHEN 1780 SAGE CREEK COURT ORLANDO, FL 32824 <div style="text-align: right; font-size: 0.7em;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right; font-size: 0.7em;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LUV, KEN 1780 SAGE CREEK COURT ORLANDO, FL 32824 <div style="text-align: right; font-size: 0.7em;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Luv, Ken</u> <div style="text-align: right; font-size: 0.7em;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> <u>Spelling Correction</u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARTINEZ, EDWIN 1780 SAGE CREEK COURT ORLANDO, FL 32824 <div style="text-align: right; font-size: 0.7em;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Secretary</u> <div style="text-align: right; font-size: 0.7em;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> <u>Torres, Ligia</u> <u>1780 Sage Creek Ct</u> <u>Orlando FL 32824</u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HILL, TODD 1780 SAGE CREEK COURT ORLANDO, FL 32824 <div style="text-align: right; font-size: 0.7em;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right; font-size: 0.7em;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORRES, LIGIA 1780 SAGE CREEK COURT ORLANDO, FL 32824 <div style="text-align: right; font-size: 0.7em;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Canette, Garry</u> <div style="text-align: right; font-size: 0.7em;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> <u>1780 Sage Creek Ct</u> <u>Orlando FL 32824</u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIDDICK, LAURA 1780 SAGE CREEK COURT ORLANDO, FL 32824 <div style="text-align: right; font-size: 0.7em;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right; font-size: 0.7em;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Stephen K Smith</u> <u>Stephan K Smith</u> <u>04-14-2008</u> <u>407 234 1775</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					