

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000416

Entity Name: SAGO POINTE RECREATION ASSOCIATION, INC.**Current Principal Place of Business:**C/O RESORT MANAGEMENT
2685 HORSESHOE DR S #215
NAPLES, FL 34104**Current Mailing Address:**2685 HORSESHOE DR S
#215
NAPLES, FL 34104 US**FEI Number:** 01-0638195**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RESORT MANAGEMENT
2685 HORSESHOE DR S
#215
NAPLES, FL 34104 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:** ROBERT ROSENOW

04/27/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name HAILSTONE, WILLIAM
Address C/O RESORT MANAGEMENT
2685 HORSESHOE DR S #215
City-State-Zip: NAPLES FL 34104

Title TREASURER
Name LINGBECK, GARY
Address C/O RESORT MANAGEMENT
2685 HORSESHOE DR S #215
City-State-Zip: NAPLES FL 34104

Title DIRECTOR
Name ALEXANDER, TOM
Address C/O RESORT MANAGEMENT
2685 HORSESHOE DR S #215
City-State-Zip: NAPLES FL 34104

Title PRESIDENT
Name WEBER, KATHY
Address C/O RESORT MANAGEMENT
2685 HORSESHOE DR S #215
City-State-Zip: NAPLES FL 34104

Title VP
Name BREEDVELD, BRAD
Address C/O RESORT MANAGEMENT
2685 HORSESHOE DR S #215
City-State-Zip: NAPLES FL 34104

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: KATHY WEBER

PRESIDENT

04/27/2021

Electronic Signature of Signing Officer/Director Detail

Date