

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000416

Entity Name: SAGO POINTE RECREATION ASSOCIATION, INC.

Current Principal Place of Business:

C/O SANDCASTLE COMMUNITY MANAGEMENT
5495 BRYSON DRIVE SUITE 412
NAPLES, FL 34109

Current Mailing Address:

C/O SANDCASTLE COMMUNITY MANAGEMENT
5495 BRYSON DRIVE SUITE 412
NAPLES, FL 34109 US

FEI Number: 01-0638195

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PAVESE LAW FIRM
1833 HENDRY STREET
FORT MYERS, FL 33901 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MCGOWAN , JAMES
Address 5495 BRYSON DRIVE SUITE 412
City-State-Zip: NAPLES FL 34109

Title TREASURER
Name HOWALD, JOHN J
Address 5495 BRYSON DRIVE SUITE 412
City-State-Zip: NAPLES FL 34109

Title SECRETARY
Name WAGNER, MARY ANN
Address 5495 BRYSON DRIVE SUITE 412
City-State-Zip: NAPLES FL 34109

Title DIRECTOR
Name LENAHAAN, PAT
Address 5495 BRYSON DRIVE SUITE 412
City-State-Zip: NAPLES FL 34109

Title VP
Name WEINBERG, ALAN
Address 5495 BRYSON DRIVE SUITE 412
City-State-Zip: NAPLES FL 34109

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: JAMES MCGOWAN

PRESIDENT

03/27/2015

Electronic Signature of Signing Officer/Director Detail

Date