

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000000416

**Entity Name:** SAGO POINTE RECREATION ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O INTEGRATED PROPERTY MANAGEMENT  
5020 TAMiami TRAIL NORTH, SUITE 206  
NAPLES, FL 34103

**Current Mailing Address:**

C/O INTEGRATED PROPERTY MANAGEMENT  
5020 TAMiami TRAIL NORTH SUITE 206  
NAPLES, FL 34103 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	WALLACE, ROBERT
Address	22881 SAGO POINT DR. #1903
City-State-Zip:	BONITA SPRINGS FL 34135
Title	VP
Name	COOPER, WENDELL G
Address	22801 SAGO POINTE DRIVE, #1307
City-State-Zip:	BONITA SPRINGS FL 34135
Title	TREASURER
Name	MCGOWAN, JAMES R
Address	22810 SAGO POINTE DR., #2405
City-State-Zip:	BONITA SPRINGS FL 34135

Title	SECRETARY
Name	LENAHAN, PATRICK J
Address	22801 SAGO POINTE DR. #1301
City-State-Zip:	BONITA SPRINGS FL 34135
Title	DIRECTOR
Name	LEE, THOMAS
Address	22841 SAGO POINTE DRIVE #1507
City-State-Zip:	BONITA SPRINGS FL 34135

*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**

**TREASURER**

**01/31/2013**

Electronic Signature of Signing Officer/Director Detail

Date