

2019 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

04/16/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

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

Title DIRECTOR
Name HAILSTONE, WILLIAM
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: ALAN WEINBERG

PRES

04/16/2019

Electronic Signature of Signing Officer/Director Detail

Date