

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

DOCUMENT# N06000011639

**Entity Name:** SAGEBROOK MILL HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1969 SAGEBROOK DR  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

PO BOX 180365  
TALLAHASSEE, FL 32318

**FEI Number: 26-2639147**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WESTER, LINDA E  
1969 SAGEBROOK DR  
TALLAHASSEE, FL 32303 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 P  
Name PETERS, SCOTT  
Address PO BOX 180365  
City-State-Zip: TALLAHASSEE FL 32318

Title VP  
Name SEAGLE, SCOTT  
Address PO BOX 180365  
City-State-Zip: TALLAHASSEE FL 32318

Title ST  
Name WESTER, LINDA  
Address PO BOX 180365  
City-State-Zip: TALLAHASSEE FL 32318

Title D  
Name ROBERTS, DOROTHY  
Address PO BOX 180365  
City-State-Zip: TALLAHASSEE FL 32318

Title D  
Name HOUGE, ERIC  
Address PO BOX 180365  
City-State-Zip: TALLAHASSEE FL 32318

*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: LINDA WESTER**

**SECRETARY/TREASURER 03/25/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date