

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90118 014 \*\*\*\*61.25

<b>DOCUMENT # N00000000845</b> 1. Entity Name <b>SAGE MEADOW RESIDENTS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>1719 TRADE CENTER WAY #4 NAPLES, FL 34109</b>			Mailing Address <b>C/O SANDCASTLE COMMUNITY MGMT PO BOX 8478 NAPLES, FL 34101</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>WINKLER, NANCY 1719 TRADE CENTER WAY #4 NAPLES, FL 34109</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				<b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RENNIE, VIRGINIA A</b>		NAME	<b>TD John McNinch 23391 Copperleaf Blvd. Bonita Springs, FL 34135</b>	
STREET ADDRESS	<b>23240 COPPERLEAF BLVD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BONITA SPRINGS, FL 34135</b>		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BLACKMAN, ED</b>		NAME		
STREET ADDRESS	<b>23471 COPPERLEAF BLVD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BONITA SPRINGS, FL 34135</b>		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ENGDAHL, LARRY</b>		NAME		
STREET ADDRESS	<b>23411 COPPERLEAF BLVD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BONITA SPRINGS, FL 34135</b>		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SWEENEY, FREDERICK</b>		NAME	<b>PD Marianne Heffron 23450 Copperleaf Blvd. Bonita Springs, FL 34135</b>	
STREET ADDRESS	<b>23221 COPPERLEAF BLVD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BONITA SPRINGS, FL 34135</b>		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>LOZZI, LINDA</b>		NAME		
STREET ADDRESS	<b>23420 COPERLEAF BLVD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BONITA SPRINGS, FL 34135</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FERRAZZANO, FRANCES</b>		NAME		
STREET ADDRESS	<b>23461 COPPERLEAF BLVD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BONITA SPRINGS, FL 34135</b>		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate, and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b>			Date: <b>4/18/06</b> Time: <b>2 39-596-7200</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

**50014563**



01182006 Chg-NP CR2E037 (11/05)

4. FEI Number **01-0638188** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**