2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2008 8:00 am Secretary of State

DOCUMENT # N0000000845 1. Entity Name SAGE MEADOW RESIDENTS' ASSOCIATION, INC.								05-01-2008	8 90213	018 ****6	51.25
1719 TRADE CENTER WAY C/ #4 PC			PO BOX 8478	C/O SANDCASTLE COMMUNITY MGMT				Filiz 85111 88111 88111 ER		68 86 30 8 80 8	MFI BI IBSI
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt, #, etc.			Suite, Apt. #, etc.				02012008	Chg-NP	CR2E	037 (12/06)	
City & State			City & State			4. FEI Numbe 01-0638				plied For Applicable	
Zip	Zip Country		Zip Cou		untry	5. Certificate of Status Desired S8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent							7. Name and	Address of New I	Registered	Agent	
THOMAS	BRAD				Name						
THOMAS, BRAD SANDCASTLE COMMUNITY MANAGEMENT 1719 TRADE CENTER WAY #4					Street Address (P.O. Box Number is Not Acceptable)						
NAPLES, F	FL 34109										
					City				F	L Zip Code	8
		y submits this statement fo tered agent.	r the purpose of char	nging its register	red office or r	register	ed agent, or bot	h, in the State of F	lorida. I an	n familiar with,	and accept
SIGNATURE .	Signature, typeo	d or printed name of registered agent	and title if applicable.	(NOTE: Registers	ed Agent signature	e required	urban ramatalana)		DATE		
							wire():6x6(Z(ii)g)		UNIL		
	-	pe is \$61.25 May 1, 2008	I	tion Campaign f t Fund Contribut]	\$5.00 May Be Added to Fees	•	Make che	ck payable to	
10.	-		Trus		tion. C		\$5.00 May Bo Added to Fees	•	Make che rida Depa	ck payable to	late
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PRESS, I 23351 CO	May 1, 2008 OFFICERS AND DII	Trus	t Fund Contribut 11. Bite 111L NAM SIR	tion. C		\$5.00 May Bo Added to Fees	Flo	Make che rida Depa	ck payable to	late
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The deby certify that the information supplies will this find does not equally for the exemptions contained to the Trip. Honda statutes, I duffie 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #