2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

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Entity Name: SAGO POINTE RECREATION ASSOCIATION, INC.

Current Principal Place of Business:

C/O INTEGRATED PROPEERTY MGMT.
3435-10TH STREET N. #201
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

C/O INTEGRATED PROPEERTY MGMT.
3435-10TH STREET N. #201
NAPLES, FL 34103

New Mailing Address:

FEI Number: 01-0638195 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHIELDS, CHRISTOPHER J
1833 HENDRY STREET
FORT MYERS, FL 33902 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: LENAHAN, PATRICK
Address: 22801 SAGO POINT DR. #1301
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DS ( ) Delete
Name: TEARNER, CYNTHIA
Address: 22861 SAGO POINTE DR.
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VD ( ) Delete
Name: COOPER, WENDELL
Address: 22801 SAGO POINTE DRIVE, #1307
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DT ( ) Delete
Name: MARTIN, FRANK
Address: 22851 SAGO POINTE DR., #1603
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D ( ) Delete
Name: MUELLER, DONALD
Address: 22810 SAGO POINTE DR., #2401
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DAL (X) Change ( ) Addition
Name: MUELLER, DONALD
Address: 22810 SAGO POINTE DR., #2401
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PATRICK LENAHAN DP 02/05/2009

Electronic Signature of Signing Officer or Director — Date