2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2010
Secretary of State

DOCUMENT# N02000000416

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:

C/O INTEGRATED PROPEERTY MGMT.
5020 TAMIAMI TR NORTH, STE 206
NAPLES, FL 34103

Current Mailing Address:

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

New Mailing Address:

C/O INTEGRATED PROPEERTY MGMT.
5020 TAMIAMI TR NORTH, STE 206
NAPLES, FL 34103

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:

SHIELDS, CHRISTOPHER J
1833 HENDRY STREET
FORT MYERS, FL 33901 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: CHRISTOPHER J SHIELDS 04/09/2010
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP
Name: WALLACE, ROBERT
Address: 22881 SAGO POINT DR. #1903
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DS
Name: LENAHAN, PATRICK J
Address: 22801 SAGO POINTE DR. #1301
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DVP
Name: COOPER, WENDELL G
Address: 22801 SAGO POINTE DRIVE, #1307
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DT
Name: DONATELLI, ANTHONY A
Address: 22911 SAGO POINTE DR., #2201
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DAL
Name: MCGOWAN, JAMES R
Address: 22810 SAGO POINTE DR., #2405
City-St-Zip: BONITA SPRINGS, FL 34135

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: ROBERT WALLACE DP 04/09/2010
Electronic Signature of Signing Officer or Director Date