## 2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Mar 24, 2005 8:00 am Secretary of State 03-24-2005 90031 002 \*\*\*\*61.25

DOCUMENT # N0400003983  1. Entity Name SAGO PARK OWNERS ASSOCIATION, INC.							90031 002	01	1.23
Principal Place of Business 515 E BEACH DR PANAMA CITY, FL 32401  Mailing Address 515 E BEACH DR PANAMA CITY, FL 32401  PANAMA CITY, FL 32401			401			40000			
Principal Place of Business     3. Ma		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-NP	CR2E037 (1	10/03)	
City & State		City & State			4. FEI Number 51 - 0	50874	7	$\rightarrow$	plied For t Applicable
Zip .	Country	Zip	Cou	ntry		Status Desired	□ \$8.	. <b>75</b> Addi Required	
	6. Name and Address of Curren	t Registered Agent			7. Name and A	ddress of New R	legistered Ager	nt	
BLUE, ROB JR 221 MCKENZIE AVE PANAMA CITY, FL				Name Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Code	,
	e named entity submits this statement f tions of registered agent.	or the purpose of changing i	ts registere	ed office or register	red agent, or both	, in the State of Flo	orida. I am famil	iliar with, a	and accept
SIGNATURE		*		4, *F.		•			
	Signature, typed or printed name of registered agen	it and title if applicable. (NC	OTE: Registered	l Agent signature required	d when reinstating)	•	- DATE		<u> </u>
	Signature, typed or printed name of registered agen Filling Fee is \$61.25 Due by May 1, 2005	9. Election C		inancing	\$5.00 May Be Added to Fees		DATE lake check pa ida Departme		
10	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Contract Fund	ampaign Fi	inancing on.	\$5.00 May Be Added to Fees	Fior	lake check pa ida Departme	ent of St	ate
10. TITLE NAME SIREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25	9. Election Contract Fund	ampaign Fi Contribution 11. IIILE NAME STREET	inancing on.	\$5.00 May Be	Fior	lake check pa ida Departme RS AND DIREC	ent of St	ate
TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2005  OFFICERS AND D  DP  BAILEY, RODDIE F 515 E BEACH DR	9. Election Contract Fund IRECTORS  Delete	ampaign Fit Contribution  111.  ITHLE NAME STREE CITY- TITLE NAME STREE	inancing on.   ET ADDRESS ST-ZIP	\$5.00 May Be Added to Fees	Fior	lake check pa ida Departme RS AND DIREC	TORS IN	10
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an other like empowered.

SIGNATURE AND TYPES OR PRINTED MANUE OF SIGNING OFFICER OR DIRECTOR MAN 23,05 860-236-8939 SIGNATURE: Daytime Phone #