

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90059 040 \*\*\*\*61.25

**DOCUMENT # N04000003983**

1. Entity Name  
**SAGO PARK OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**515 E BEACH DR  
PANAMA CITY, FL 32401**

Mailing Address  
**515 E BEACH DR  
PANAMA CITY, FL 32401**

**40074133**



01052007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**51-0508747**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BLUE, ROB JR  
221 MCKENZIE AVE  
PANAMA CITY, FL**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BAILEY, RODDIE F 515 E BEACH DR PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST OLIVER, PAULA A 7510 LINDA LN PANAMA CITY BCH, FL 32404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, LAURA H 13911 BACK BCH RD #327 PANAMA CITY BCH, FL 32413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Roddie Bailey**

Date

Daytime Phone #

**4/19/07**

**850-233-7466**