

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2008 08:00 A
Secretary of State

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



03172008 No Chg-NP

CR2E037 (4/06)

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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

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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, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

000000889031
04/22/08-80036-025 61.25

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

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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robbie Bailey 4/12/08 950-233-7466