2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003983

Entity Name: SAGO PARK OWNERS ASSOCIATION, INC.

FILED Apr 09, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

515 E BEACH DR 4117 BECKETT ROAD PANAMA CITY, FL 32401 TALLAHASSEE, FL 32311

Current Mailing Address: New Mailing Address:

515 E BEACH DR P. O. BOX 19052

PANAMA CITY, FL 32401 PANAMA CITY BEACH, FL 32417

FEI Number: 51-0508747 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BLUE, ROB JR

221 MCKENZIE AVE

PANAMA CITY, FL

US

BRIAN HESS LAW OFFICES

9108 FRONT BEACH ROAD

PANAMA CITY BEACH, FL 32407 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: BRIAN HESS LAW OFFICES 04/09/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 DP () Delete
 Title:
 DPS (X) Change () Addition

 Name:
 BAILEY, RODDIE F
 Name:
 PALMQUIST, JONATHON B

 Address:
 515 E BEACH DR
 Address:
 4117 BECKETT ROAD

 City-St-Zip:
 PANAMA CITY, FL 32401
 City-St-Zip:
 TALLAHASSEE, FL 32311

Title: DVST () Delete Title: DV (X) Change () Addition Name: OLIVER, PAULA A Name: HEISEL, JAMES

Address: 7510 LINDA LN
Address: 4901 OSPREY CT
City-St-Zip: PANAMA CITY BCH, FL 32404
City-St-Zip: LAFAYETTE, IN 47909

Title: D () Delete Title: D (X) Change () Addition Name: MOORE, LAURA H Name: WHALEY, BILL

Address: 13911 BACK BCH RD #327 Address: 5019 NORTH LAGOON DRIVE

City-St-Zip: PANAMA CITY BCH, FL 32413 City-St-Zip: PANAMA CITY BCH, FL 32408

 $\label{eq:Title:$

 Name:
 Name:
 PALMQUIST, COLLEEN

 Address:
 Address:
 4117 BECKETT ROAD

 City-St-Zip:
 City-St-Zip:
 TALAHASSEE, FL 32311

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: JONATHON B. PALMQUIST PRES 04/09/2009