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Mar 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N28187 (5)

1. Corporation Name

SAGO PALMS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1605 ALMA COURT  
BARTOW FL 33830  
US

1605 ALMA COURT  
BARTOW FL 33830-9363  
US

3. Date Incorporated or Qualified  
09/02/1988

3a. Date of Last Report  
02/20/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
65-0100272

Applied For  
Not Applicable

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22

27

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23

28

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TAYLOR, LEO P.  
1605 ALMA COURT  
BARTOW FL 33830

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  DELETE  
NAME MAXIM, RONALD  
STREET ADDRESS 1630 ALMA CT  
CITY-ST-ZIP BARTOW FL

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VD  DELETE  
NAME WRIGHT, WILLIAM  
STREET ADDRESS 1510 ROSA CT  
CITY-ST-ZIP BARTOW FL

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE PD  DELETE  
NAME TAYLOR, LEO P.  
STREET ADDRESS 1605 ALMA COURT  
CITY-ST-ZIP BARTOW FL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME ZEIGLER, WILLIAM E.  
STREET ADDRESS 1630 ALMA COURT  
CITY-ST-ZIP BARTOW FL

4.1 TITLE  Change  Addition  
4.2 NAME BUNN, JOHN  
4.3 STREET ADDRESS 1560 ROSA COURT  
4.4 CITY-ST-ZIP BARTOW, FL 33830

TITLE D  DELETE  
NAME STANTON, ROBERT  
STREET ADDRESS 1670 ALMA COURT  
CITY-ST-ZIP BARTOW FL

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 7, 1997 941/533-8803

Date

Daytime Phone # 0053501

CR2E037 (9/96)