

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90170 045 ****61.25

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DOCUMENT # N28187

1. Corporation Name

SAGO PALMS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

1605 ALMA COURT
BARTOW FL 33830
US

Mailing Address

1605 ALMA COURT
BARTOW FL 33830
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

09/02/1988

4. FEI Number

65-0100272

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

TAYLOR, LEO P.
1605 ALMA COURT
BARTOW FL 33830

10. Name and Address of New Registered Agent

81 Name

John R. Bunn

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

1560 Rosa Court

83

84 City

Bartow

FL

85 Zip Code
33830

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

4/24/99

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

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

TITLE VD ☒ DELETE

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

TITLE PD ☒ DELETE

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

TITLE D ☒ DELETE

NAME BUNN, JOHN
STREET ADDRESS 1560 ROSA COURT
CITY-ST-ZIP BARTOW FL

TITLE D ☒ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition

1.2 NAME John R. Bunn

1.3 STREET ADDRESS 1560 Rosa Court

1.4 CITY-ST-ZIP Bartow, FL 33830

2.1 TITLE Vice President ☒ Change ☐ Addition

2.2 NAME Taylor Road

2.3 STREET ADDRESS Bartow, FL 33830

2.4 CITY-ST-ZIP ☒ Change ☐ Addition

3.1 TITLE Treasurer

3.2 NAME Lillian Taylor

3.3 STREET ADDRESS 1605 Alma Court

3.4 CITY-ST-ZIP Bartow, FL 33830

4.1 TITLE Secretary ☒ Change ☐ Addition

4.2 NAME Joni L. Bunn

4.3 STREET ADDRESS 1560 Rosa Court

4.4 CITY-ST-ZIP Bartow, FL 33830

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/99

(941) 647-1555

CR2E037 (11/98)