

2000 UNIFORM BUSINESS REPORT (UBR)

3/8

DOCUMENT # N28187

1. Entity Name

SAGO PALMS HOMEOWNERS' ASSOCIATION, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

03-08-2000 90077 033 ****61.25

Principal Place of Business

Mailing Address

1605 ALMA COURT
BARTOW FL 33830
US

1605 ALMA COURT
BARTOW FL 33830-9363
US

2. Principal Place of Business

3. Mailing Address

1670 Alma Court
Suite, Apt. #, etc.

1670 Alma Court
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Bartow FL

City & State

Bartow, FL

4. FEI Number

65-0100272

Applied For

Not Applicable

Zip
33830

Country
USA

Zip
33830

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, LEO P.
1605 ALMA COURT
BARTOW FL 33830

7. Name and Address of New Registered Agent

Name

Marty J. Wilson

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

~~1670 Alma Court~~ 1670 Alma Court

City Bartow FL

FL Zip Code 33830

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.

SIGNATURE

Marty J. Wilson

3/5/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BUNN, JOHN	
STREET ADDRESS	1580 ROSA COURT	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROAD, TAYLOR	
STREET ADDRESS	TARWE	
CITY-ST-ZIP	BARTOW FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TAYLOR, LEO P.	
STREET ADDRESS	1605 ALMA COURT	
CITY-ST-ZIP	BARTOW FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUNN, JOHN	
STREET ADDRESS	1580 ROSA COURT	
CITY-ST-ZIP	BARTOW FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STANTON, ROBERT	
STREET ADDRESS	1670 ALMA COURT	
CITY-ST-ZIP	BARTOW FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marty J. Wilson	
STREET ADDRESS	1670 Alma Court	
CITY-ST-ZIP	Bartow, FL 33830	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mark Thomas	
STREET ADDRESS	1531 ROSA COURT	
CITY-ST-ZIP	Bartow FL 33830	
TITLE	TS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charlotte Rogers	
STREET ADDRESS	1540 ROSA COURT	
CITY-ST-ZIP	Bartow, FL 33830	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Heather Godwin	
STREET ADDRESS	1601 Taylor Rd	
CITY-ST-ZIP	Bartow, FL 33830	
TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Al Godwin	
STREET ADDRESS	1601 Taylor Rd	
CITY-ST-ZIP	Bartow, FL 33830	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

Marty J. Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/00

Date

(863) 533-5219

Daytime Phone #

CR2E037 (9/99)