

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28187

1. Entity Name

SAGO PALMS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1670 ALMA COURT
BARTOW FL 33830
US

1670 ALMA COURT
BARTOW FL 33830
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0100272

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILSON, MARTY J
1670 ALMA COURT
BARTOW FL 33830

Name Diane Goss

Street Address (P.O. Box Number is Not Acceptable)
1560 Rosa Ct.

Bartow

City

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Diane Goss Diane Goss Treasurer

7/11/02

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

(NOTE: Registered Agent signature required when resigning)

DATE

After September 13, 2002,
min. will be \$236.25.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME WILSON, MARTY J
STREET ADDRESS 1670 ALMA COURT
CITY-ST-ZIP BARTOW FL 33830
☒ Delete

TITLE P.
NAME Lea Ann Thomas
STREET ADDRESS 1531 Rosa Ct.
CITY-ST-ZIP Bartow, FL 33830
☒ Change ☐ Addition

TITLE TS
NAME ROGERS, CHARLOTTE
STREET ADDRESS 1531 ROSA COURT
CITY-ST-ZIP BARTOW FL 33830
☒ Delete

TITLE VP
NAME Gerry Aust
STREET ADDRESS Alma Ct.
CITY-ST-ZIP Bartow FL 33830
☒ Change ☐ Addition

TITLE VP
NAME THOMAS, MARK
STREET ADDRESS 1531 ROSA COURT
CITY-ST-ZIP BARTOW FL 33830
☒ Delete

TITLE T.
NAME Diane Goss
STREET ADDRESS 1560 Rosa Ct.
CITY-ST-ZIP Bartow FL 33830
☒ Change ☐ Addition

TITLE D
NAME GODWIN, AL
STREET ADDRESS 1601 TAYLOR ROAD
CITY-ST-ZIP BARTOW FL 33830
☒ Delete

TITLE S.
NAME Linda Ulmer
STREET ADDRESS Alma Ct.
CITY-ST-ZIP Bartow FL 33830
☒ Change ☐ Addition

TITLE T
NAME GODWIN, HEATHER
STREET ADDRESS 1601 TAYLOR ROAD
CITY-ST-ZIP BARTOW FL 33830
☒ Delete

TITLE P.
NAME Lillian Taylor
STREET ADDRESS Alma Ct.
CITY-ST-ZIP Bartow FL 33830
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: SIGNATURE REQUIRED Diane Goss Diane Goss Treasurer 7/11/02 519-2149

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/02)