


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2004 8:00 am
Secretary of State

06-03-2004 90005 002 ****61.25

DOCUMENT # N28187 1. Entity Name SAGO PALMS HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 1670 ALMA COURT BARTOW, FL 33830 US			Mailing Address 1670 ALMA COURT BARTOW, FL 33830 US		
2. Principal Place of Business 1560 ROSA CT.		3. Mailing Address 1560 ROSA CT			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State BARTOW FL		City & State BARTOW FL		4. FEI Number 65-0100272	
Zip 33830		Country US		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GOSS, DIANE 1560 ROSA CT BARTOW, FL 33830			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <u><i>Diane Goss</i></u> DIANE GOSS TREASURER/DIRECTOR <u>5/28/04</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AUST, JERRY 1633 ALMA CT BARTOW, FL 33830	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CLENDINEN, CHARLES 1667 ALMA CT BARTOW, FL 33830	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOSS, DIANE 1560 ROSA CT BARTOW, FL 33830	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOVETT, ANDI 1550 ROSA CT BARTOW, FL 33830	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, DOROTHY 1661 TAYLOR ROAD BARTOW, FL 33830	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD IDA-MAE WYNNS 1600 ALMA COURT BARTOW FL 33830				
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: <u><i>Diane Goss</i></u> DIANE GOSS <u>5/28/04</u> <u>(863) 519-6591</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					