

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40850

FILED
Apr 02, 2006
Secretary of State

Entity Name: SAGE OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

192 SAGE CIRCLE
CRYSTAL BEACH, FL 34681

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6
CRYSTAL BEACH, FL 34681 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JENKINS, BARBARA J
192 SAGE CIRCLE
CRYSTAL BEACH, FL 34681 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FOSTER, LEE
Address: 143 SAGE CIRCLE, P.O. BOX 756
City-St-Zip: CRYSTAL BEACH, FL 34681

Title: TD () Delete
Name: JENKINS, BARBARA
Address: 192 SAGE CIRCLE, P.O. BOX 881
City-St-Zip: CRYSTAL BEACH, FL 34681

Title: SD () Delete
Name: MINK, BARBARA
Address: 144 SAGE CIRCLE, P.O. BOX 861
City-St-Zip: CRYSTAL BEACH, FL 34681

Title: VD () Delete
Name: CORUZZI, DENISE
Address: 184 SAGE CIRCLE, P.O. BOX 1302
City-St-Zip: CRYSTAL BEACH, FL 34681

Title: D () Delete
Name: ECKER, MARK
Address: 147 SAGE CIRCLE, P.O. BOX 129
City-St-Zip: CRYSTAL BEACH, FL 34681

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RUIZ, JOHN
Address: 188 SAGE CIRCLE, P.O. BOX 483
City-St-Zip: CRYSTAL BEACH, FL 34681

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: MINK, BARBARA
Address: 196 SAGE CIRCLE, P.O. BOX 861
City-St-Zip: CRYSTAL BEACH, FL 34681

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HEALY, JOHN
Address: 164 SAGE CIRCLE, P.O. BOX 830
City-St-Zip: CRYSTAL BEACH, FL 34681

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA JAN JENKINS

TD

04/02/2006

Electronic Signature of Signing Officer or Director

Date