2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2007
Secretary of State

DOCUMENT# N40850

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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:	RUIZ, JOHN	
Address:	188 SAGE CIRCLE, P.O. BOX 483	
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:	196 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:	HEALY, JOHN	
Address:	164 SAGE CIRCLE, P.O. BOX 830	
City-St-Zip:	CRYSTAL BEACH, FL 34681	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify 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 07/07/2007
Electronic Signature of Signing Officer or Director — Date