2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2011
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 ( )**

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
Name: BOWMAN, TODD
Address: 160 SAGE CIRCLE
City-St-Zip: CRYSTAL BEACH, FL 34681

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

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

Title: VD
Name: BOWMAN, TODD
Address: 160 SAGE CIRCLE, P.O. BOX 919
City-St-Zip: CRYSTAL BEACH, FL 34681

Title: D
Name: CUMMINGS, SHERI
Address: 180 SAGE CIRCLE, P.O. BOX 422
City-St-Zip: CRYSTAL BEACH, FL 34681

I hereby 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 all other like empowered.

SIGNATURE: BARBARA JAN JENKINS TD 04/27/2011

Electronic Signature of Signing Officer or Director Date