

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90096 036 ****61.25

DOCUMENT # N94000004826

1. Entity Name
SAGO POINT HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**7295 MAIDENCANE COURT
LARGO, FL 33777 US**

Mailing Address
**7295 MAIDENCANE COURT
LARGO, FL 33777 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02052007

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-3332853

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

**GROVES, WILLIAM D
9835 SAGO POINT DR
LARGO, FL 33777**

Name **JEFFREY Cotter**

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

7278 Maidencane Court

City **Largo**

FL

Zip Code **33777**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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
**P
GROVES, WILLIAM D
9835 SAGO POINT DR
LARGO, FL 337774905** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
Cotter, JEFFREY
7278 Maidencane Court
Largo, FL 33777** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
WALKER, C. BROOKS
9905 SAGO POINT DR
LARGO, FL 337774905** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
Rosen, Diana E.
9917 Sago Point Dr.
Largo, FL 33777** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
CATTEA, JEFFREY
7278 MAID DRIVE #8
LARGO, FL 32777** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
GUTHEELER, LEWIS L.
9901 SAGO POINT DR.
LARGO, FL 32777** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
GUTHEELER, LEWIS L.
9901 SAGO POINT DR.
LARGO, FL 32777** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
Wheeler, Louis L.
9901 Sago Point Dr.
Largo, FL 33777** ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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 exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-833 6394