## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000004890

FILED Apr 25, 2008 Secretary of State

Entity Name: SAGO SANDS OWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3723 E C-30A 5311 E CO HWY 30 A

SEAGROVE BEACH, FL 32459 US STE 5

SEAGROVE BEACH, FL 32459 US

Current Mailing Address: New Mailing Address:

3668 EAST C30A 5311 E CO HWY 30 A

SEAGROVE BEACH, FL 32459 US STE 5

SEAGROVE BEACH, FL 32459 US

FEI Number: 59-3403487 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GARRETT REALTY SERVICES INC PRITCHETT, WALTER R 3723 EAST C30A 5311 E CO HWY 30 A

SEAGROVE BEACH, FL 32459 US STE 5 SEAGROVE BEACH, FL 32459 US

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: WALTER R PRITCHETT 04/25/2008

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: VPD ( ) Delete Title: D P (X) Change ( ) Addition

Name: JEFFERSON, FREDERICK
Address: P.O. BOX 710

Name: JEFFERSON, FREDERICK
Address: P.O. BOX 710

Address: P.O. BOX 710

City-St-Zip: THOMASVILLE, GA 31799 City-St-Zip: THOMASVILLE, GA 31799

Title: PD ( ) Delete Title: D ST (X) Change ( ) Addition Name: LAMB, BILLY Name: BABCOCK, TOM

Address: 7145 GREATWOOD TRAIL Address: 606 E MAIN STREET
City-St-Zip: ALPHARETTA, GA 30005 City-St-Zip: ALBERTVILLE, AL 35950

 $\label{eq:title:Title:DV} \textit{ ( ) Delete } \qquad \qquad \textit{Title: DV } \qquad \textit{ (X) Change ( ) Addition}$ 

 Name:
 SISCO, RALPH
 Name:
 SISCO, RALPH

 Address:
 PO BOX 226
 Address:
 PO BOX 226

City-St-Zip: ALEXANDRIA, FL 71309 City-St-Zip: ALEXANDRIA, FL 71309

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: WALTER R PRITCHETT R A 04/25/2008