

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000003228

1. Entity Name
**SUN GLADE POINT TRUST HOMEOWNERS'
ASSOCIATION, INC.**



Principal Place of Business

14800 46TH LANE S.
WELLINGTON, FL 33414

Mailing Address

14800 46TH LANE S.
WELLINGTON, FL 33414

DO NOT WRITE IN THIS SPACE



04132006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
65-0840325

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

HOGG, ERIKA
14800 46TH LANE S.
WELLINGTON, FL 33414

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

100000540683
05/10/06-80028-003 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PARKER, DIANE
STREET ADDRESS 15680 46TH LANE SOUTH
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE VPD
NAME HOFF, PERRY
STREET ADDRESS 15380 46TH LANE S
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE TD
NAME HOGG, ERIKA
STREET ADDRESS 14800 46TH LANE SOUTH
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERIK HOGG

4/24/06

501-798-68