


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N98000003228</b> 1. Entity Name <b>SUN GLADE POINT TRUST HOMEOWNERS' ASSOCIATION, INC.</b>	
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Principal Place of Business <b>14800 46TH LANE S. WELLINGTON, FL 33414</b>	Mailing Address <b>14800 46TH LANE S. WELLINGTON, FL 33414</b>
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**DO NOT WRITE IN THIS SPACE**



01222007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-0840325</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>HOGG, ERIKA 14800 46TH LANE S. WELLINGTON, FL 33414</b>
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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 _____ <small>*Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARKER, DIANE 15680 46TH LANE SOUTH WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HOFF, PERRY 15380 46TH LANE S WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOGG, ERIKA 14800 46TH LANE SOUTH WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U000000619040  
02/08/07-80055-015 61.25

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.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <b>1/30/07</b>	Daytime Phone # <b>561-386-5638</b>
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