

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90014 022 ****61.25

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**

40012355



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, pt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01222008 Chg-NP CR2E037 (12/06)

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**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 reappointing)

DATE

1/24/08

**Filing Fee is \$61.25
Due by May 1, 2008**

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

TITLE NAME	PD PARKER, DIANE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-STATE-ZIP	15680 46TH LANE SOUTH WELLINGTON, FL 33414	
TITLE NAME	VPD HOFF, PERRY	<input type="checkbox"/> Delete
STREET ADDRESS CITY-STATE-ZIP	15380 46TH LANE S WELLINGTON, FL 33414	
TITLE NAME	TD HOGG, ERIKA	<input type="checkbox"/> Delete
STREET ADDRESS CITY-STATE-ZIP	14800 46TH LANE SOUTH WELLINGTON, FL 33414	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-STATE-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-STATE-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	President Roberta Feinberg	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
STREET ADDRESS CITY-STATE-ZIP	15920 46 LANE SOUTH WELLINGTON, FL 33414	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS CITY-STATE-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS CITY-STATE-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS CITY-STATE-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS CITY-STATE-ZIP		

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 chartered, 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 #

Erika Hogg

1/24/08