


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N00000003562 1. Entity Name SAWGRASS LAKES PHASE 2 ASSOCIATION, INC.			06 OCT 17 2011:02
Principal Place of Business SW FERNLEAF TRAIL PORT ST. LUCIE, FL 34953		Mailing Address PO BOX 65 JENSEN BEACH, FL 34958	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 880038 Suite, Apt. #, etc.	
City & State Port St. Lucie, FL		4. FEI Number 65-1067463	
Zip 34988		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORNELL, JANE L 401 E OSCEALA ST9Y STUART, FL 34994		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME ANKLAM, CHARLES <input checked="" type="checkbox"/> Delete STREET ADDRESS 1274 NE BUSINESS PARK PL CITY-ST-ZIP JENSEN BEACH, FL 34957	TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME hee Dyer STREET ADDRESS 1304 SW Bayshore Blvd CITY-ST-ZIP Port St. Lucie, FL 34983		
TITLE VPD <input checked="" type="checkbox"/> Delete NAME BLOUNT, WB STREET ADDRESS 1274 NE BUSINESS PARK PL CITY-ST-ZIP JENSEN BEACH, FL 34957	TITLE VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME ELAINE PARKER STREET ADDRESS 1304 SW Bayshore Blvd CITY-ST-ZIP Port St. Lucie, FL 34983		
TITLE SD <input checked="" type="checkbox"/> Delete NAME MIHALIK, KENNETH STREET ADDRESS 1274 NE BUSINESS PARK PL CITY-ST-ZIP JENSEN BEACH, FL 34957	TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME JOANN Lewellen STREET ADDRESS 1304 SW Bayshore Blvd CITY-ST-ZIP Port St. Lucie, FL 34983		
TITLE TD <input checked="" type="checkbox"/> Delete NAME MONTAGNA, SCOTT STREET ADDRESS 1274 NE BUSINESS PARK PL CITY-ST-ZIP JENSEN BEACH, FL 34957	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200080922392 10/17/06--01040--008 **\$61.25		
TITLE D <input checked="" type="checkbox"/> Delete NAME DI IANNI, JANICE STREET ADDRESS 1274 NE BUSINESS PARK PL CITY-ST-ZIP JENSEN BEACH, FL 34957	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 10/10/06	Daytime Phone # _____

REINSTATEMENT