

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90074 038 ****61.25

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DOCUMENT # N00000003562					
1. Entity Name SAWGRASS LAKES PHASE 2 ASSOCIATION, INC.					
Principal Place of Business SW FERNLEAF TRAIL PORT ST. LUCIE, FL 34953			Mailing Address POST OFFICE BOX 880038 PORT ST. LUCIE, FL 34988		
2. Principal Place of Business - No P.O. Box # 430 NW LAKE WHITNEY PL Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State PORT ST LUCIE FL			City & State		
Zip 34953		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
4. FEI Number 65-1067463			Applied For Not Applicable		
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		
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 _____ DATE _____		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANKLAM, CHUCK		NAME	430 NW LAKE WHITNEY PLACE	
STREET ADDRESS	1304 SW BAYSHORE BLVD		STREET ADDRESS	PORT ST. LUCIE, FL 34986	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34983		CITY-ST-ZIP		
TITLE	1VP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WALCH, ARTHUR		NAME	430 NW LAKE WHITNEY PLACE	
STREET ADDRESS	1304 SW BAYSHORE BLVD		STREET ADDRESS	PORT ST. LUCIE, FL 34986	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34983		CITY-ST-ZIP		
TITLE	2VP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ASHBY, CHRIS		NAME	430 NW LAKE WHITNEY PLACE	
STREET ADDRESS	1304 SW BAYSHORE BLVD		STREET ADDRESS	PORT ST. LUCIE, FL 34986	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34983		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MONTAGNA, SCOTT		NAME	430 NW LAKE WHITNEY PLACE	
STREET ADDRESS	1304 SW BAYSHORE BLVD		STREET ADDRESS	PORT ST. LUCIE, FL 34986	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34983		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DUROCNER, WALTER		NAME	Secretary Thomas White	
STREET ADDRESS	1304 SW BAYSHORE BLVD		STREET ADDRESS	214 Whitewood Drive	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34983		CITY-ST-ZIP	PORT ST. LUCIE, FL 34953	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-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 if changed, or on an attachment with an address, with or other like empowered.					
SIGNATURE			Date 3-20-08		Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					