

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003562

FILED  
Apr 10, 2009  
Secretary of State

Entity Name: SAWGRASS LAKES PHASE 2 ASSOCIATION, INC.

**Current Principal Place of Business:**

430 NW LAKE WHITNEY PL  
PORT SAINT LUCIE, FL 34953

**New Principal Place of Business:**

430 NW LAKE WHITNEY PL  
PORT SAINT LUCIE, FL 34986

**Current Mailing Address:**

POST OFFICE BOX 880038  
PORT ST. LUCIE, FL 34988

**New Mailing Address:**

FEI Number: 65-1067463      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORNELL, JANE L  
401 E OSCEOLA ST9Y  
STUART, FL 34994    US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P            ( ) Delete  
Name: ANKLAM, CHUCK  
Address: 430 NW LAKE WHITNEY PLACE  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: 1VP            ( ) Delete  
Name: WALCH, ARTHUR  
Address: 430 NW LAKE WHITNEY PLACE  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: 2VP            ( ) Delete  
Name: ASHBY, CHRIS  
Address: 430 NW LAKE WHITNEY PLACE  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: T            ( ) Delete  
Name: MONTAGNA, SCOTT  
Address: 430 NW LAKE WHITNEY PLACE  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: S            ( ) Delete  
Name: WHITE, THOMAS  
Address: 214 WHITEWOOD DRIVE  
City-St-Zip: PORT SAINT LUCIE, FL 34953

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:            ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: 1VP            (X) Change ( ) Addition  
Name: MOWERY, TOD  
Address: 430 NW LAKE WHITNEY PLACE  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: 2VP            (X) Change ( ) Addition  
Name: SARDO, ROSEMARY  
Address: 430 NW LAKE WHITNEY PLACE  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title:            ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S            (X) Change ( ) Addition  
Name: WALSHE, ARTHUR  
Address: 430 NW LAKE WHITNEY PLACE  
City-St-Zip: PORT SAINT LUCIE, FL 34986

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT MONTAGNA

T

04/10/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date