2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000003562

FILED Apr 01, 2010 Secretary of State

Entity Name: SAWGRASS LAKES PHASE 2 ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

430 NW LAKE WHITNEY PL PORT SAINT LUCIE, FL 34986

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 880038 PORT ST. LUCIE, FL 34988

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

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

CORNELL, JANE L
401 E OSCEALA ST9Y
STUART, FL 34994 US
SUITE 1102
CORAL GABLES, FL 33134 US

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: SKRLD, INC. 04/01/2010

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: F

Name: MONTAGNA, SCOTT

Address: 430 NW LAKE WHITNEY PLACE City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: 1VP

Name: MOWERY, TOD

Address: 430 NW LAKE WHITNEY PLACE City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: 2VP

Name: SARDO, ROSEMARY

Address: 430 NW LAKE WHITNEY PLACE City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: T

Name: RATAJCZAK, MARION

Address: 430 NW LAKE WHITNEY PLACE City-St-Zip: PORT SAINT LUCIE, FL 34986

Title:

Name: DUCLO, DUKE

Address: 430 NW LAKE WHITNEY PLACE City-St-Zip: PORT SAINT LUCIE, FL 34986

I hereby 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 all other like empowered.

SIGNATURE: SCOTT MONTAGNA P 04/01/2010