2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N0000003562

Apr 22, 2011 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 543 NW LAKE WHITNEY PL PORT SAINT LUCIE, FL 34986

SUITE 101

PORT SAINT LUCIE, FL 34986

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 880038 543 NW LAKE WHITNEY PL PORT ST. LUCIE, FL 34988 SUITE 101

PORT SAINT LUCIE, FL 34986

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:

SKRLD, INC 201 ALHAMBRA CIRCLE **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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

WALSHE, ART Name:

Address: 543 NW LAKE WHITNEY PLACE City-St-Zip: PORT SAINT LUCIE, FL 34986

Title:

Name: MOWERY, TOD

Address: 543 NW LAKE WHITNEY PLACE City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: 2VP

PARKER, BOB Name:

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

Title:

Name: DIIANNI, MIKE

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

Title:

ASHBY, CHRIS Name:

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

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.

Ρ SIGNATURE: ART WALSCH 04/22/2011