2002 UNIFORM BUSINESS REPORT (UBR)

Apr 18, 2002 8:00 am Secretary of State DOCUMENT # N0000007767 04-18-2002 90486 018 ****61.25 SAWGRASS SOUTH HOMEOWNERS ASSOCIATION, INC. Mailing Address Principal Place of Business 1688 W. HIBISCUS BLVD 1689 W. HIBISCUS BLVD MELBOURNE FL 32901 MELBOURNE FL 32901 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-3687365 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WOOD, GREGORY T 1688 W. HIBISCUS BLVD **MELBOURNE FL 32901** 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. **SIGNATURE** DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. **Department of State** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. (9/04) Delete Change ▼ Addition TITLE TITLE WOOD, GREGORY T Evans, P. Michael NAME NAME 1688 W. HIBISCUS BLVD STREET ADDRESS STREET ADDRESS 1688 W. Hibiscus Blvd. MELBOURNE FL 32901 CITY-ST-ZIP CITY-ST-ZIP Melbourne, FL 32901 Delete ☐ Change Addition TITLE TITLE D EVANS, HUGH M JR NAME NAME Jelus, TimothyCC. 1688 W. HIBISCUS BLVD STREET ADDRESS STREET ADDRESS 1688 W. Hibiscus Blvd. MELBOURNE FL 32901 CITY-ST-ZIP 32901 Change ··· ★ Addition CITY_ST_ZIP ... Melbourne, FL Delete TITLE TITLE evans, arthur f III NAME NAME Chasin, Robert C. 1688 W. HIBISCUS BLVD STREET ADDRESS STREET ADDRESS 1688 W. Hibiscus Blvd. MELBOURNE FL 32901 CITY-ST-ZIP CITY-ST-ZIP Melbourne, FL 32901 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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:

PICHAEL P. COAUS 4/802

FILED