

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001312

FILED
Jul 23, 2008
Secretary of State

Entity Name: SAWGRASS PLANTATION ORLANDO MASTER HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

BEAZER HOMES CORP.
2600 MAITLAND CENTER PKWY., SUITE 200
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

5955 T.G. LEE BLVD
SUITE 300
ORLANDO, FL 32822 US

New Mailing Address:

FEI Number: 33-1137424 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LELAND MANAGEMENT
5955 T.G. LEE BLVD
SUITE 300
ORLANDO, FL 32822 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: PD () Delete
Name: PHILLIPS, RAY
Address: C/O 2600 MAITLAND CENTER PKWY., STE. 200
City-St-Zip: MAITLAND, FL 32751

Title: VD () Delete
Name: DANOS, DON
Address: 2600 MAITLAND CENTER PKWY., STE. 200
City-St-Zip: MAITLAND, FL 32751

Title: SD () Delete
Name: WILLS, ERIC
Address: 237 S. WESTMONTE DR., SUITE 111
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: TD (X) Delete
Name: SMALL, PETE
Address: 2600 MAITLAND CENTER PKWY, STE 200
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GARGASZ, NICK
Address: 2600 MAITLAND CENTER PKWY., STE. 200
City-St-Zip: MAITLAND, FL 32751

Title: VD (X) Change () Addition
Name: ANDERSON, KATIE
Address: 300 COLONIAL CENTER PKWY. SUITE 200
City-St-Zip: LAKE MARY, FL 32746

Title: STD (X) Change () Addition
Name: RABATIN, ROBERTA
Address: 2600 MAITLAND CENTER PKWY. SUITE 200
City-St-Zip: MAITLAND, FL 32751

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

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: NICK GARGASZ

PD

07/23/2008

Electronic Signature of Signing Officer or Director

Date