

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001312

FILED  
Apr 28, 2009  
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:**

6972 LAKE GLORIA BLVD.  
ORLANDO, FL 32809

**Current Mailing Address:**

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

**New Mailing Address:**

6972 LAKE GLORIA BLVD.  
ORLANDO, FL 32809

**FEI Number:** 33-1137424

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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:**

LELAND MANAGEMENT  
6972 LAKE GLORIA BLVD.  
ORLANDO, FL 32809 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:

04/28/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

Title: PD (X) Change ( ) Addition  
Name: CLEMENT, TOM  
Address: 7501 WISCONSIN AVENUE  
City-St-Zip: BETHESDA, MD 20814

Title: VD (X) Change ( ) Addition  
Name: GHITA, CORINA  
Address: 6802 PARAGON PLACE  
City-St-Zip: RICHMOND, VA 23230

Title: SD (X) Change ( ) Addition  
Name: MCFARLAND, KIELAND  
Address: 6802 PARAGON PLACE  
City-St-Zip: RICHMOND, VA 23230

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: TOM CLEMENT

PD

04/28/2009

Electronic Signature of Signing Officer or Director

Date