

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90031 022 ****61.25

DOCUMENT # N06362

1. Entity Name

**SAWGRASS VILLAGE EXECUTIVE CENTER
ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

ASSOCIATION MGMT. OF PONTE VEDRA INC
3103 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BCH FL 32082
US

ASSOCIATION MGMT. OF PONTE VEDRA INC
3103 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BCH FL 32082
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0840473

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CONNOLLY, C P
ASSOCIATION OF MGMT OF POINTE VEDRA INC
3103 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BCH FL 32082**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

C.P. Connolly **C.P. CONNOLLY**

4-7-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
LOOK, RICHARD
4 OCEAN RIDGE CRT
PONTE VEDRA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
BENNER, TIMOTHY S
2111 SAWGRASS VILLAGE DR
PONTE VEDRA FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
GOLD, KEITH
6000 C SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH FL 32082 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
BROWNING, JAMES
2109 SAWGRASS VILLAGE DR
PONTE VEDRA BEACH FL 32082 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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:

Richard A. Look **RICHARD A. LOOK** **4/7/04** **285-1776**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #