

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90056 017 \*\*\*\*61.25

**DOCUMENT # N13799**

1. Entity Name  
**THE CHAPEL AT SAWGRASS, INC.**

Principal Place of Business      Mailing Address  
**SAWGRASS C C**      **P.O. BOX 664**  
**PONTE VEDRA BEACH FL 32004**      **PONTE VEDRA BEACH FL 32004**  
**US**      **US**



DO NOT WRITE IN THIS SPACE

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      Applied For  
**59-2719600**      Not Applicable

5. Certificate of Status Desired            **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~DOLAGHAN, JOHN~~  
**2020 OAK HAMMOCK DRIVE**  
**PONTE VEDRA BEACH FL 32082**

7. Name and Address of New Registered Agent

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>DOLAGHAN, JOHN</b>
STREET ADDRESS	<b>2020 OAK HAMMOCK DRIVE</b>
CITY-ST-ZIP	<b>PONTE VEDRA BEACH FL</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>LEWIS, BILL</b>
STREET ADDRESS	<b>11600 MIDDLETON PARK CIRCLE APT D646</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32224</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<del>BOUZEOS, DEAN</del>
STREET ADDRESS	<del>1312 SYLVIE LANE</del>
CITY-ST-ZIP	<del>SAINT AUGUSTINE FL 32095</del>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>COWARD, VIRGINIA A</b>
STREET ADDRESS	<b>2413 BRITTANY COURT</b>
CITY-ST-ZIP	<b>PONTE VEDRA BEACH FL 32082</b>
TITLE	<b>TD</b> <input type="checkbox"/> Delete
NAME	<b>ERTEL, SAMUEL L</b>
STREET ADDRESS	<b>2644 LONG BOAT COURT SOUTH</b>
CITY-ST-ZIP	<b>PONTE VEDRA BEACH FL 32082</b>
TITLE	<b>SD</b> <input type="checkbox"/> Delete
NAME	<b>PRUNER, ANN</b>
STREET ADDRESS	<b>15113 BIRKDALE LANE</b>
CITY-ST-ZIP	<b>PONTE VEDRA BEACH FL 32082</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TD</b>
STREET ADDRESS	<b>ERTEL, SAMUEL L.</b>
CITY-ST-ZIP	<b>9001 LAKE KATHYAN DRIVE</b> <b>PONTE VEDRA BEACH, FL 32082</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: John Dolaghan      **02-19-02**      **(904) 285-2401**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/01)

Attachment

B0037434

THE CHAPEL AT SAWGRASS # N13799  
P.O. Box 664  
Ponte Vedra Beach, FL 32004

Additional Directors (previously submitted)

D

Smith, Ruth Ann  
1601 Ocean Drive South  
Jacksonville Beach, FL 32250

D

Summerall, Kathy J.  
2301 Greenside Court  
Ponte Vedra Beach, FL 32082

New Directors

D

Wilson, Thomas F.  
8949 Lake Kathryn Drive  
Ponte Vedra Beach, FL 32082

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