


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

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-08-2004 90032 018 ****61.25

DOCUMENT # N13799					
1. Entity Name THE CHAPEL AT SAWGRASS, INC.					
Principal Place of Business SAWGRASS C C PONTE VEDRA BEACH FL 32004 US			Mailing Address P.O. BOX 664 PONTE VEDRA BEACH FL 32004 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2719600	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOLAGHAN, JOHN		NAME		
STREET ADDRESS	2020 OAK HAMMOCK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOUZEOS, DEAN		NAME		
STREET ADDRESS	1312 SYLVIE LANE		STREET ADDRESS		
CITY-ST-ZIP	SAINT AUGUSTINE FL 32095		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COWARD, VIRGINIA A		NAME		
STREET ADDRESS	2413 BRITTANY COURT		STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERTEL, SAMUEL L		NAME		
STREET ADDRESS	9001 LAKE KATHRYN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRUNER, ANN		NAME		
STREET ADDRESS	15113 BIRKDALE LANE		STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	THOMAS F. WILSON	
STREET ADDRESS			STREET ADDRESS	22 OSPREY VILLAGE DRIVE	
CITY-ST-ZIP			CITY-ST-ZIP	AMELIA ISLAND, FL 32034	
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: <i>John Dolaghan</i>			Date: 4-6-04 (904)-285-2401		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JOHN DOLAGHAN			Date/Time Phone #		