
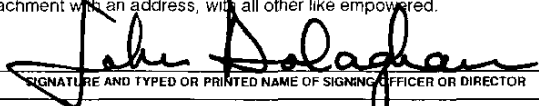


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jul 12, 2005 8:00 am**  
**Secretary of State**

07-12-2005 90040 001 \*\*\*\*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		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			Name		
Street Address (P.O. Box Number is Not Acceptable)			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	
Signature, typed or printed name of registered agent and title if applicable					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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 checked="" 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	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILSON, THOMAS F		NAME		
STREET ADDRESS	22 OSPREY VILLAGE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	AMELIA ISLAND FL 32034		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: 		Date: 3 July 05		Daytime Phone #: 904-285-2401	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



ATTACHMENT

14018750

#N13799

The Chapel at Sawgrass  
P.O. Box 664  
Ponte Vedra Beach, FL 32004

ADDITIONAL DIRECTORS

D

Robert Nagel  
112 Knotty Pine Trail  
Ponte Vedra Beach, FL 32082

D

Olvia Seaman  
1601 Ocean Drive South #607  
Jacksonville Beach, FL 32250

D

Sarah Whitlock  
1162 Neck Road  
Ponte Vedra Beach, FL 32082