


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90047 038 ****70.00

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

40060001



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 3205
 Suite, Apt. #, etc.

02192007 Chg-NP CR2E037 (12/06)

City & State
Ponte Vedra Beach, FL

4. FEI Number
59-2719600

Applied For
 Not Applicable

Zip
32004-3205

Country
St. Johns

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

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

Filing Fee is \$61.25
Due by May 1, 2007

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 D	<input type="checkbox"/> Delete
NAME DOLAGHAN, JOHN	
STREET ADDRESS 2020 OAK HAMMOCK DRIVE	
CITY-ST-ZIP PONTE VEDRA BEACH, FL	
TITLE D	<input type="checkbox"/> Delete
NAME COWARD, VIRGINIA A	
STREET ADDRESS 2413 BRITTANY COURT	
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082	
TITLE TD	<input type="checkbox"/> Delete
NAME ERTEL, SAMUEL L	
STREET ADDRESS 9001 LAKE KATHRYN DRIVE	
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082	
TITLE SD	<input type="checkbox"/> Delete
NAME PRUNER, ANN	
STREET ADDRESS 15113 BIRKDALE LANE	
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082	
TITLE D	<input type="checkbox"/> Delete
NAME NAGEL, ROBERT	
STREET ADDRESS 112 KNOTTY PINE TRL	
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082	
TITLE D	<input type="checkbox"/> Delete
NAME SEAMAN, OLIVIA	
STREET ADDRESS 1601 S OCEAN DR	
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Clarke, Roy	
STREET ADDRESS 2782 Lemans Court	
CITY-ST-ZIP Ponte Vedra Beach, FL 32082	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Whitlock, Sara	
STREET ADDRESS 1162 Neck Road	
CITY-ST-ZIP Ponte Vedra Beach, FL 32082	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Pruner, Ann	
STREET ADDRESS 1513 Birkdale Lane	
CITY-ST-ZIP Ponte Vedra Beach, FL 32082	
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	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 empowerers.

SIGNATURE: John Dolaghan John Dolaghan 22 Feb 07 (904) 285-2401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #