

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2009
Secretary of State

DOCUMENT# N13799

Entity Name: THE CHAPEL AT SAWGRASS, INC.

Current Principal Place of Business:

SAWGRASS C C
PONTE VEDRA BEACH, FL 32004 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3205
PONTE VEDRA BEACH, FL 32004 US

New Mailing Address:

FEI Number: 59-2719600 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DOLAGHAN, JOHN
Address: 2020 OAK HAMMOCK DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL

Title: D () Delete
Name: COWARD, VIRGINIA A
Address: 2413 BRITTANY COURT
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: TD () Delete
Name: ERTEL, SAMUEL L
Address: 9001 LAKE KATHRYN DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: PRUNER, ANN
Address: 1513 BIRKDALE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: NAGEL, ROBERT
Address: 112 KNOTTY PINE TRL
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: SEAMAN, OLIVIA
Address: 1601 S OCEAN DR
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: BANNON, JAMES L
Address: 9870 PRESTON TRAIL WEST
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES L. BANNON

TREA

05/14/2009

Electronic Signature of Signing Officer or Director

_____ Date