

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 05, 2003 8:00 am**  
**Secretary of State**

08-05-2003 90073 020 \*\*\*\*61.25

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**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

Zip

Country

Zip

Country

4. FEI Number **59-2719600**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DOLAGHAN, JOHN</b> <b>2020 OAK HAMMOCK DRIVE</b> <b>PONTE VEDRA BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LEWIS, BILL</b> <b>11600 MIDDLETON PARK CIRCLE APT D646</b> <b>JACKSONVILLE FL 32224</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BOUZEOS, DEAN</b> <b>1312 SYLVIE LANE</b> <b>SAINT AUGUSTINE FL 32095</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COWARD, VIRGINIA A</b> <b>2413 BRITTANY COURT</b> <b>PONTE VEDRA BEACH FL 32082</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>ERTEL, SAMUEL L</b> <b>9001 LAKE KATKAYU DRIVE</b> <b>PONTE VEDRA BEACH FL 32082</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>PRUNER, ANN</b> <b>15113 BIRKDALE LANE</b> <b>PONTE VEDRA BEACH FL 32082</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Ertel, Samuel L.</b> <b>9001 Lake Kathryn Drive</b> <b>Ponte Vedra Beach, FL 32082</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**SEE ATTACHED**

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*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Aug 4, 2003**

**(904) 285-2401**  
Date Daytime Phone #

CR2E037 (4/03)

Attachment 80136184  
#113799

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

**ADDITIONAL DIRECTORS**

D  
Summerall, Kathy J.  
~~1500 Stonebriar Road~~  
Green Cove Springs, FL 32043

~~Note new address~~

D  
Wilson, Thomas F.  
22 Osprey Village Drive  
Amelia Island, FL 32032

Note new address

Ruth Ann Smith is no longer a director and should be deleted.