

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19563

FILED
Mar 14, 2005
Secretary of State

Entity Name: SAWGRASS INTERNATIONAL CORPORATE PARK ASSOCIATION, INC.

Current Principal Place of Business:

300 SE 2ND STREET
8TH FLOOR
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

300 SE 2ND STREET
8TH FLOOR
FORT LAUDERDALE, FL 33301 US

New Mailing Address:

FEI Number: 65-0043186

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, PATRICIA A
300 SE 2ND STREET
8TH FLOOR
FORT LAUDERDALE, FL 333011907 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: P () Delete
Name: SIEGEL, DAVID
Address: 300 SE 2ND STREET, 8TH FLOOR
City-St-Zip: FORT LAUDERDALE, FL 333011907

Title: SD () Delete
Name: BURTON, MEL
Address: 300 SE 2ND STREET, 8TH FLOOR
City-St-Zip: FORT LAUDERDALE, FL 333011907

Title: TD () Delete
Name: DAVID, SHAGGY
Address: 300 SE 2ND STREET 8TH FL
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D () Delete
Name: ADLER, ALLISON
Address: 300 SE 2ND ST.
City-St-Zip: FORT LAUDERDALE, FL 333011907

Title: VD () Delete
Name: DALY, ROBERT
Address: 300 SE 2ND ST.
City-St-Zip: FORT LAUDERDALE, FL 333011907

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: D (X) Change () Addition
Name: WILKIE, MICHAEL
Address: 300 SE 2ND ST.
City-St-Zip: FORT LAUDERDALE, FL 333011907

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID SIEGEL

P/D

03/14/2005

Electronic Signature of Signing Officer or Director

Date