

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002996

FILED
Feb 05, 2010
Secretary of State

Entity Name: THE SAWGRASS PRESERVE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1750 UNIVERSITY DR
205
CORAL SPRINGS, FL 33071

New Principal Place of Business:

Current Mailing Address:

SWIFT MGMT SOLUTIONS-NICOLE SWIFT
1750 UNIVERSITY DRIVE #205
CORAL SPRINGS, FL 33071

New Mailing Address:

FEI Number: 65-0697748 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SWIFT MANAGEMENT SOLUTIONS
1750 UNIVERSITY DR, # 205
CORAL SPRINGS, FL 33071 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: TD
Name: SMITH, PAULA
Address: 13860 NW 22 ST
City-St-Zip: SUNRISE, FL 33323

Title: D
Name: BURKE, TONYA
Address: 13846 NW 22 COURT
City-St-Zip: SUNRISE, FL 33323

Title: PD
Name: COOPER, SCOTT
Address: 13769 NW 22 ST
City-St-Zip: SUNRISE, FL 33323

Title: VPD
Name: SCROCCA, THERESA
Address: 13812 NW 22ND STREET
City-St-Zip: FORT LAUDERDALE, FL 33323

Title: SD
Name: NISALL, STUART
Address: 2414 NW 138TH DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33323

I hereby 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 all other like empowered.

SIGNATURE: SCOTT COOPER

PD

02/05/2010

Electronic Signature of Signing Officer or Director

Date