

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002605

**FILED**  
**Jun 15, 2010**  
**Secretary of State**

**Entity Name:** SAWGRASS PLANTATION OF KILLEARN HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

528 E. PARK AVENUE  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

644 CAPITAL CIRCLE NE  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

528 E. PARK AVENUE  
TALLAHASSEE, FL 32301

**New Mailing Address:**

PO BOX 13089  
TALLAHASSEE, FL 32317

FEI Number: 59-3470085

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ISAACS, DAN L  
528 E. PARK AVENUE  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

RHINEHART, ROBERT S  
644 CAPITAL CIRCLE NE  
TALLAHASSEE, FL 32301 US

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: ROBERT S. RHINEHART

06/15/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DVP  
Name: SELLERS, JOSEPH  
Address: 2892 MANILA PALM COURT  
City-St-Zip: TALLAHASSEE, FL 32309

Title: DT  
Name: VALACH, MARIAN  
Address: 2440 NEEDLE PALM WAY  
City-St-Zip: TALLAHASSEE, FL 32309

Title: D  
Name: WALLS, JUDY  
Address: 2793 SAW PALMETTO LANE  
City-St-Zip: TALLAHASSEE, FL 32309

Title: DS  
Name: GWALTNEY, TRICIA  
Address: 2927 ROYAL PALM WAY  
City-St-Zip: TALLAHASSEE, FL 32309

Title: DP  
Name: QUERO-MUNOZ, JOSE'  
Address: 2862 MANILLA PALM COURT  
City-St-Zip: TALLAHASSEE, FL 32309

Title: D  
Name: PORTER, MICHAEL  
Address: 2453 NEEDLE PALM WAY  
City-St-Zip: TALLAHASSEE, FL 32309

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: ROBERT S. RHINEHART

CAM

06/15/2010

Electronic Signature of Signing Officer or Director

Date