

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N99000000575

1. Entity Name
SAWGRASS EXCHANGE PROPERTY OWNER'S
ASSOCIATION, INC.



FILED

2006 JUL 17 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
100 W. CYPRESS CREEK ROAD
S. 910
FT LAUDERDALE, FL 33309

Mailing Address
100 W. CYPRESS CREEK ROAD
S. 910
FT LAUDERDALE, FL 33309

2. Principal Place of Business

3. Mailing Address

953 University Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07132006

REIN-NP

CR2E099 (11/05)

City & State

City & State

Coral Springs, FL

4. FEI Number

65-1005929

Applied For

Not Applicable

Zip

Country

Zip

Country

33071

USA

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERDINAND, JON JAY
100 W. CYPRESS CREEK ROAD
S. 910
FT LAUDERDALE, FL 33309

Name

Cindy Whittle

Street Address (P.O. Box Number is Not Acceptable)

953 University Dr

City

Coral Springs

FL

Zip Code

33071

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

Cindy Whittle

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/13/06

FILE NOW!!! FEE IS \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PATEL, ASHOK
STREET ADDRESS 998 NW 9TH CT
CITY-ST-ZIP BOCA RATON, FL 33486

☐ Delete

TITLE VSD
NAME LAYSTROM, C. WILLIAM JR
STREET ADDRESS 1177 SE THIRD AVE
CITY-ST-ZIP FT LAUDERDALE, FL 33316

☐ Delete

TITLE D
NAME ANDREACCI, DANIEL
STREET ADDRESS 8649 NW 43RD COURT
CITY-ST-ZIP CORAL SPRINGS, FL 33065

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

200077822932
07/21/06--01012--006 **297.50

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change

☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APatel

Date

7/13/06

Daytime Phone #