2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# N95000002605

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

Current Principal Place of Business:

431 WAVERLY ROAD
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

431 WAVERLY ROAD
TALLAHASSEE, FL 32312

New Mailing Address:

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 LEE
431 WAVERLY ROAD
TALLAHASSEE, FL 32312

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: DT ( ) Delete
Name: EAGELFELD, HOWARD
Address: 2412 NEEDLE PALM WAY
City-St-Zip: TALLAHASSEE, FL 32309

Title: DVP ( ) Delete
Name: VALAC, MARIAN
Address: 2440 NEEDLE PALM WAY
City-St-Zip: TALLAHASSEE, FL 32309

Title: D ( ) Delete
Name: HOUSE, EVELYN
Address: 2959 ROYAL PALM WAY
City-St-Zip: TALLAHASSEE, FL 32309

Title: D ( ) Delete
Name: MARING, MICHAEL
Address: 2797 SAW PALMETTO LANE
City-St-Zip: TALLAHASSEE, FL 32309

Title: DS ( ) Delete
Name: WALKER, GINA
Address: 3428 GALLANT FOX TRAIL
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: CORE, KATHLEEN
Address: 3007 ROYAL PALM WAY
City-St-Zip: TALLAHASSEE, FL 32309

Title: D (X) Change ( ) Addition
Name: VALACH, MARIAN
Address: 2440 NEEDLE PALM WAY
City-St-Zip: TALLAHASSEE, FL 32309

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

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

Title: D (X) Change ( ) Addition
Name: PORTER, MIKE
Address: 2453 NEEDLE PALM WAY
City-St-Zip: TALLAHASSEE, FL 32309

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: KATHLEEN CORE PRES 04/28/2004

Electronic Signature of Signing Officer or Director — Date