

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002605

FILED
Apr 30, 2006
Secretary of State

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

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

Title: DS () 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: DVP () Delete
Name: PORTER, MIKE
Address: 2453 NEEDLE PALM WAY
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: DUDLEY, CHARLOTTE
Address: 2844 SAW PALMETTO LANE
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: JONES, SYNOBIA
Address: 2463 NEEDLE PALM WAY
City-St-Zip: TALLAHASSEE, FL 32309

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

Title: D (X) Change () Addition
Name: LAUGHLIN, ALISON P
Address: 2420 NEEDLE PALM WAY
City-St-Zip: TALLAHASSEE, FL 32309

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

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

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 Chapter 119, 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: MARIAN VALACH

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04/30/2006

Electronic Signature of Signing Officer or Director

Date