

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002605

FILED
Apr 28, 2009
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:

Current Mailing Address:

528 E. PARK AVENUE
TALLAHASSEE, FL 32301

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
528 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

ISAACS, DAN L
528 E. PARK AVENUE
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: DAN ISAACS

04/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: JONES, SYNOBIA
Address: 2463 NEEDLE 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: D () Delete
Name: WALLS, JUDY
Address: 2793 SAW PALMETTO LANE
City-St-Zip: TALLAHASSEE, FL 32309

Title: DS () Delete
Name: SELLERS, JOSEPH
Address: 2892 MANILA PALM COURT
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: QUERO-MUNOZ, JOSE
Address: 2862 MANILLA PALM COURT
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change () Addition
Name: SELLERS, JOSEPH
Address: 2892 MANILA PALM COURT
City-St-Zip: TALLAHASSEE, FL 32309

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

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

Title: DS (X) Change () Addition
Name: GWALTNEY, TRICIA
Address: 2927 ROYAL PALM WAY
City-St-Zip: TALLAHASSEE, FL 32309

Title: DP (X) Change () Addition
Name: QUERO-MUNOZ, JOSE
Address: 2862 MANILLA PALM COURT
City-St-Zip: TALLAHASSEE, FL 32309

I hereby certify that the information supplied with this filing does not qualify 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

DT

04/28/2009

Electronic Signature of Signing Officer or Director

Date