

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2003 8:00 am
Secretary of State

03-04-2003 90063 003 ****61.25

DOCUMENT # 727467

1. Entity Name

SAWGRASS ASSOCIATION, INC.



Principal Place of Business

**% MAY MANAGEMENT SERVICES, INC.
10036 SAWGRASS DR. STE 1
PONTE VEDRA BCH FL 32082**

Mailing Address

**% MAY MANAGEMENT SERVICES, INC.
10036 SAWGRASS DR. STE 1
PONTE VEDRA BCH FL 32082**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1534998**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ARENAS, PATRICIA
% MAY MANAGEMENT SERVICES
10036 SAWGRASS DRIVE STE 1
PONTE VEDRA FL 32082**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARTINELLI, VIC	
STREET ADDRESS	24 CARRIAGE LANE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SLEMP, MARTINE	
STREET ADDRESS	2635 LIGHTHOUSE BEND DR	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCWILLIAMS, JOHN	
STREET ADDRESS	3040 TIMBERLAKE POINT	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	T	<input type="checkbox"/> Delete
NAME	ERISMAN, HANK	
STREET ADDRESS	116 S NINE LAKE CIRCLE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAY, LARRY	
STREET ADDRESS	525 QUAIL POINTE LANE	
CITY-ST-ZIP	PONTE VEDRA BCH. FL 32082	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BERTNOLLI, ED	
STREET ADDRESS	29 LAKE JULIA DRIVE S	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Walter Rohrer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2315 Clubview Court	
STREET ADDRESS	Ponte Vedra Bch, FL 32082	
CITY-ST-ZIP		
TITLE	Wendell Miller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1545 Harbour Club Drive	
STREET ADDRESS	Ponte Vedra Bch, FL 32082	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Dick Jones	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	504 Quail Point	
STREET ADDRESS	Ponte Vedra Beach, FL 32082	
CITY-ST-ZIP		

CR2E037 (10/02)

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

[Signature] **REQUIREMENTS**

2/11/03 904543