

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760051

Entity Name: SAWMILL VILLAS CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**GSC LLC, D/B/A GULF SHORE CAM
1357 N. TAMiami TRAIL UNIT A
NORTH FORT MYERS, FL 33903**Current Mailing Address:**GSC LLC, D/B/A GULF SHORE CAM
1357 N. TAMiami TRAIL UNIT A
NORTH FORT MYERS, FL 33903 US**FEI Number:** 59-2155978**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AXFORD, MARK
GSC LLC, D/B/A GULF SHORE CAM
1357 N. TAMiami TRAIL UNIT A
NORTH FORT MYERS, FL 33903 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DS
Name	BRINK, VICKIE
Address	5705 FOXLAKE DRIVE #5
City-State-Zip:	NORTH FORT MYERS FL 33917

Title	DVP
Name	COOK, DIANE
Address	5702 #8
City-State-Zip:	N. FORT MYERS FL 33917

Title	D
Name	FAIR, GARY
Address	5709 FOXLAKE DRIVE 6
City-State-Zip:	N. FORT MYERS FL

Title	DP
Name	CRAINE, LEE
Address	5705 #4 FOXLAKE DR
City-State-Zip:	NORTH FORT MYERS FL 33917

Title	DT
Name	JONES, KATHLEEN
Address	5707 FOXLAKE DRIVE #3
City-State-Zip:	N. FORT MYERS FL 33917

I hereby 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 all other like empowered.

SIGNATURE: LEE CRAINE**PRESIDENT****02/24/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date