

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000003562

**FILED**  
**Apr 24, 2018**  
**Secretary of State**  
**CC0707005747**

**Entity Name:** SAWGRASS LAKES PHASE 2 ASSOCIATION, INC.

**Current Principal Place of Business:**

459 NW PRIMA VISTA BLVD  
PORT SAINT LUCIE, FL 34983

**Current Mailing Address:**

C/O SIGNATURE PROPERTY MGMT  
459 NW PRIMA VISTA BLVD  
PORT SAINT LUCIE, FL 34983 US

**FEI Number:** 65-1067463

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ENSOR, JACOB E ESQ.  
789 SW FEDERAL HIGHWAY  
101  
STUART, FL 34994 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:** JACOB ENSOR

04/24/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name WALSH, ART  
Address 459 NW PRIMA VISTA BLVD  
City-State-Zip: PORT SAINT LUCIE FL 34983

Title 1VP  
Name MOWERY, TOD  
Address 459 NW PRIMA VISTA BLVD  
City-State-Zip: PORT SAINT LUCIE FL 34983

Title 2VP  
Name KEANE, THOMAS  
Address 459 NW PRIMA VISTA BLVD  
City-State-Zip: PORT SAINT LUCIE FL 34983

Title TREASURER  
Name DIANNI, MIKE  
Address 459 NW PRIMA VISTA BLVD  
City-State-Zip: PORT SAINT LUCIE FL 34983

Title S  
Name DYER, LEE  
Address 459 NW PRIMA VISTA BLVD  
City-State-Zip: PORT SAINT LUCIE FL 34983

Title 3RD VP  
Name STUKEL, JOHN  
Address 459 NW PRIMA VISTA BLVD  
City-State-Zip: PORT SAINT LUCIE FL 34983

Title 4TH VP  
Name ASHBY, CHRIS  
Address 459 NW PRIMA VISTA BLVD  
City-State-Zip: PORT SAINT LUCIE FL 34983

*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:** ART WALSH

**PRESIDENT**

04/24/2018

Electronic Signature of Signing Officer/Director Detail

Date