

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003562

Entity Name: SAWGRASS LAKES PHASE 2 ASSOCIATION, INC.

FILED
Mar 21, 2024
Secretary of State
0631804726CC

Current Principal Place of Business:

3171 SE DOMINICA TERRACE
C/O SIGNATURE PROPERTY MANAGEMENT
STUART, FL 34997

Current Mailing Address:

3171 SE DOMINICA TERRACE
C/O SIGNATURE PROPERTY MANAGEMENT
STUART, FL 34997 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

03/21/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name STELLATO, DAVID
Address 3171 SE DOMINICA TERRACE
 C/O SIGNATURE PROPERTY
 MANAGEMENT
City-State-Zip: STUART FL 34997

Title TREASURER
Name LEPORE, STEPHEN
Address 3171 SE DOMINICA TERRACE
 C/O SIGNATURE PROPERTY
 MANAGEMENT
City-State-Zip: STUART FL 34997

Title VP
Name LEVY, DAVID
Address 3171 SE DOMINICA TERRACE
 C/O SIGNATURE PROPERTY
 MANAGEMENT
City-State-Zip: STUART FL 34997

Title SECRETARY
Name TAYLOR, LAURI
Address 3171 SE DOMINICA TERRACE
 C/O SIGNATURE PROPERTY
 MANAGEMENT
City-State-Zip: STUART FL 34997

Title DIRECTOR
Name DIIANNI, MICHAEL
Address 3171 SE DOMINICA TERRACE
 C/O SIGNATURE PROPERTY
 MANAGEMENT
City-State-Zip: STUART FL 34997

Title DIRECTOR
Name PERRON, JERRY
Address 3171 SE DOMINICA TERRACE
 C/O SIGNATURE PROPERTY
 MANAGEMENT
City-State-Zip: STUART FL 34997

Title DIRECTOR
Name MCCLUSKE, MICHAEL
Address 3171 SE DOMINICA TERRACE
 C/O SIGNATURE PROPERTY
 MANAGEMENT
City-State-Zip: STUART FL 34997

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: DAVID STELLATO

PRESIDENT

03/21/2024

