2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003562

Entity Name: SAWGRASS LAKES PHASE 2 ASSOCIATION, INC.

FILED
Mar 18, 2021
Secretary of State
5180007594CC

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 03/18/2021

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT Title VP

Name ASHBY, CHRISTOPHER Name PERRON, JERRY

Address 3171 SE DOMINICA TERRACE Address 3171 SE DOMINICA TERRACE

C/O SIGNATURE PROPERTY C/O SIGNATURE PROPERTY

MANAGEMENT MANAGEMENT

City-State-Zip: STUART FL 34997 City-State-Zip: STUART FL 34997

Title TREASURER Title S

Name DIIANNI, MIKE Name DYER, LEE

Address 3171 SE DOMINICA TERRACE Address 3171 SE DOMINICA TERRACE

C/O SIGNATURE PROPERTY C/O SIGNATURE PROPERTY

MANAGEMENT MANAGEMENT

City-State-Zip: STUART FL 34997 City-State-Zip: STUART FL 34997

Title 3RD VP Title VP2

Name STUKEL, JOHN Name STELLATO, DAVID

Address 3171 SE DOMINICA TERRACE Address 3171 SE DOMINICA TERRACE

C/O SIGNATURE PROPERTY C/O SIGNATURE PROPERTY

MANAGEMENT MANAGEMENT

City-State-Zip: STUART FL 34997 City-State-Zip: STUART FL 34997

Title VP4

Address

Name WALCOTT, DENNIS

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: CHRISTOPHER ASHBY PRESIDENT 03/18/2021