	ncipal Place of Business: SS POINTE DR. 32824			
Current Mai	iling Address:			
	RASS POINTE DRIVE FL 32824 US			
FEI Number: 33-1137424		Certificate of Status Desired: No		
Name and Address of Current Registered Agent:				
MARTELL & OZIM, P.A. 37 N. ORANGE AVENUE SUITE 500 ORLANDO, FL 32801 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.				
The above name	d entity submits this statement for the purpose of changing its regi	stered office or regis	tered agent, or both, in the State of Flori	da.
	d entity submits this statement for the purpose of changing its regises: MAX PERLMAN	stered office or regis		_{da.} 04/02/2018
		stered office or regis		
SIGNATUR	E: MAX PERLMAN	stered office or regis		04/02/2018
SIGNATUR	E: MAX PERLMAN Electronic Signature of Registered Agent	stered office or regis		04/02/2018
SIGNATURI Officer/Dire	E: MAX PERLMAN Electronic Signature of Registered Agent ctor Detail :			04/02/2018
SIGNATUR	E: MAX PERLMAN Electronic Signature of Registered Agent Ctor Detail :	Title	VP	04/02/2018
SIGNATURE Officer/Dire Title Name	E: MAX PERLMAN Electronic Signature of Registered Agent ctor Detail : P BARR, MICHELLE 444 WEST A6750 FORUM DRIVE SUITE 310	Title Name	VP SCHUSTER , NORA 444 WEST NEW ENGLAND AVE SUITE 220	04/02/2018
SIGNATURE Officer/Dire Title Name Address	E: MAX PERLMAN Electronic Signature of Registered Agent ctor Detail : P BARR, MICHELLE 444 WEST A6750 FORUM DRIVE SUITE 310	Title Name Address	VP SCHUSTER , NORA 444 WEST NEW ENGLAND AVE SUITE 220	04/02/2018
SIGNATURE Officer/Dire Title Name Address City-State-Zip:	Electronic Signature of Registered Agent Ctor Detail : P BARR, MICHELLE 444 WEST A6750 FORUM DRIVE SUITE 310 ORLANDO FL 32821	Title Name Address	VP SCHUSTER , NORA 444 WEST NEW ENGLAND AVE SUITE 220	04/02/2018
SIGNATURE Officer/Dire Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent Ctor Detail : P BARR, MICHELLE 444 WEST A6750 FORUM DRIVE SUITE 310 ORLANDO FL 32821 S	Title Name Address	VP SCHUSTER , NORA 444 WEST NEW ENGLAND AVE SUITE 220	04/02/2018

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: SAWGRASS PLANTATION ORLANDO MASTER HOMEOWNERS

DOCUMENT# N06000001312

ASSOCIATION, INC.

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.

Ρ

SIGNATURE: MICHELLE BARR

Electronic Signature of Signing Officer/Director Detail

FILED Apr 02, 2018

Secretary of State

CC7684172728