

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000003852

**Entity Name:** SAWGRASS EXECUTIVE CENTER CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Feb 08, 2024**  
**Secretary of State**  
**1712233937CC**

**Current Principal Place of Business:**

480 SAWGRASS CORPORATE PKWY  
SUNRISE, FL 33325

**Current Mailing Address:**

8200 NW 41 ST  
SUITE 200  
DORAL, FL 33166 US

**FEI Number: 20-4671765**

**Certificate of Status Desired: No**

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

BEHARBEHAR  
490 SAWGRASS CORPORATE PKWY  
SUITE 300  
SUNRISE , FL 33325 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: JACLYN BEHAR**

**02/08/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BEHAR, JACLYN  
Address        8200 NW 41 ST  
                  SUITE 200  
City-State-Zip: DORAL FL 33166

Title            VP  
Name            RIVERO, JOE  
Address        8200 NW 41 ST  
                  SUITE 200  
City-State-Zip: DORAL FL 33166

Title            VP  
Name            BARNETT, STEVE  
Address        8200 NW 41 ST  
                  SUITE 200  
City-State-Zip: DORAL FL 33166

Title            TREASURER  
Name            CRUTCHFIELD, AMEILYA  
Address        8200 NW 41 ST  
                  SUITE 200  
City-State-Zip: DORAL FL 33166

Title            SECRETARY  
Name            ENRIQUEZ, GABRIELA  
Address        8200 NW 41 ST  
                  SUITE 200  
City-State-Zip: DORAL FL 33166

Title            DIRECTOR  
Name            SCHENCKER, DON  
Address        8200 NW 41 ST  
                  SUITE 200  
City-State-Zip: DORAL FL 33166

*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: JACLYN BEHAR**

**PRESIDENT**

**02/08/2024**

Electronic Signature of Signing Officer/Director Detail

Date