

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000003852

**Entity Name:** SAWGRASS EXECUTIVE CENTER CONDOMINIUM  
ASSOCIATION, INC.**FILED**  
**Feb 28, 2023**  
**Secretary of State**  
**8937778753CC****Current Principal Place of Business:**9050 PINES BOULEVARD  
SUITE 301  
PEMBROKE PINES, FL 33024**Current Mailing Address:**9050 PINES BOULEVARD  
SUITE 301  
PEMBROKE PINES, FL 33024 US**FEI Number: 20-4671765****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ADLER RA, LLC  
9050 PINES BOULEVARD  
SUITE 301  
PEMBROKE PINES, FL 33024 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: STEVEN R BROWNSTEIN****02/28/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	VP, DIRECTOR
Name	BARNETT, STEVE
Address	490 SAWGRASS CORPORATE PARKWAY
City-State-Zip:	SUNRISE FL 33325
Title	PRESIDENT, DIRECTOR
Name	SCHENKER, DON
Address	480 SAWGRASS CORPORATE PARKWAY SUITE 200
City-State-Zip:	SUNRISE FL 33325

Title	SECRETARY, TREASURER, DIRECTOR
Name	RIVERO, JOE
Address	440 SAWGRASS CORPORATE PARKWAY SUITE 206
City-State-Zip:	SUNRISE FL 33325

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: STEVE BARNETT****DIRECTOR, VP****02/28/2023**

Electronic Signature of Signing Officer/Director Detail

Date