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

TREASURER

above, or on an attachment with all other like empowered.

SIGNATURE: LARRY GRAVES JR

Electronic Signature of Signing Officer/Director Detail

Name and Address of Current Registered Agent:

KORP, WILLIAM R 2 NORTH TAMIAMI TRAIL, SUITE 500 SARASOTA, FL 34236 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:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	Ρ	Title	V
Name	HOGAN, RANDALL	Name	DI STEFANO, SAL
Address	21710 US HWY 98	Address	21710 US HWY 98
City-State-Zip:	DADE CITY FL 33523	City-State-Zip:	DADE CITY FL 33523
Title	S	Title	т
Title Name	S FERRON, DAVID	Title Name	T GRAVES, LARRY JR
	-		T GRAVES, LARRY JR 21710 US HWY 98

Certificate of Status Desired: No

FILED Apr 16, 2014 Secretary of State CC9499309607

Date

04/16/2014

Date

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N1000008549

Entity Name: SAWMILL RESORT HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

21710 US HIGHWAY 98 DADE CITY, FL 33523

Current Mailing Address:

PO BOX 808 TRILBY, FL 33593

FEI Number: 27-3447960