| 770 ALMOND CLERMONT, | | | | |
|--|--|-----------------------------------|---|--------------------|
| | | | | |
| Current Ma | iling Address: | | | |
| | ID ST, SUITE A F, FL 34711 US | | | |
| FEI Number: 47-3546009 | | Certificate of Status Desired: No | | |
| Name and A | Address of Current Registered Agent: | | | |
| EMPIRE MAN/ 770 ALMOND CLERMONT, F | | | | |
| The above name | d entity submits this statement for the purpose of changing is | its registered office or regis | tered agent, or both, in the State of F | lorida. |
| SIGNATURE: CT CORPORATION SYSTEM | | | | |
| SIGNATUR | E: CT CORPORATION SYSTEM | | | 01/15/2018 |
| SIGNATUR | E: CT CORPORATION SYSTEM Electronic Signature of Registered Agent | | | 01/15/2018 Date |
| | | | | |
| | Electronic Signature of Registered Agent | Title | VP | |
| Officer/Dire | Electronic Signature of Registered Agent | Title Name | VP MYERS, JEFF | |
| Officer/Dire Title | Electronic Signature of Registered Agent ector Detail : P | | | |
| Officer/Dire Title Name | Electronic Signature of Registered Agent ector Detail : P MEIER, JOSEPH 770 ALMOND ST, SUITE A | Name | MYERS, JEFF 770 ALMOND ST, SUITE A | |
| Officer/Dire Title Name Address | Electronic Signature of Registered Agent ector Detail : P MEIER, JOSEPH 770 ALMOND ST, SUITE A | Name Address | MYERS, JEFF 770 ALMOND ST, SUITE A | |
| Officer/Dire Title Name Address City-State-Zip: | Electronic Signature of Registered Agent ector Detail : P MEIER, JOSEPH 770 ALMOND ST, SUITE A CLERMONT FL 34711 | Name Address | MYERS, JEFF 770 ALMOND ST, SUITE A | |
| Officer/Dire | Electronic Signature of Registered Agent ector Detail : P MEIER, JOSEPH 770 ALMOND ST, SUITE A CLERMONT FL 34711 S/T | Name Address | MYERS, JEFF 770 ALMOND ST, SUITE A | |
| Officer/Dire | Electronic Signature of Registered Agent P MEIER, JOSEPH 770 ALMOND ST, SUITE A CLERMONT FL 34711 S/T MOISE, GARRETT 770 ALMOND ST, SUITE A | Name Address | MYERS, JEFF 770 ALMOND ST, SUITE A | |

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: JOSEPH MEIER

Electronic Signature of Signing Officer/Director Detail

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: SAWGRASS POINTE PROPERTY OWNERS ASSOCIATION, INC.

DOCUMENT# N14000009380

Current Principal Place of Business:

FILED Jan 15, 2018 **Secretary of State** CC9244933643