Current Prii 801 N. MAIN S KISSIMMEE, F			6264745037CC	
Current Mai	iling Address:			
801 N. MAIN KISSIMMEE	NSTREET , FL 34744 US			
FEI Number: 47-3546009		Certificate of Status Desired: No		
Name and A	Address of Current Registered Agent:			
EMPIRE MANA 801 N. MAIN S KISSIMMEE, F				
The above name	d entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of Florida.	
	d entity submits this statement for the purpose of changing its regis E: JOSE RIESTRA	stered office or regis	tered agent, or both, in the State of Florida. 01/31/20	24
		stered office or regis		24
SIGNATUR	E: JOSE RIESTRA	stered office or regis	01/31/20	24
SIGNATUR	E: JOSE RIESTRA Electronic Signature of Registered Agent	stered office or regis	01/31/20	24
SIGNATURI Officer/Dire	E: JOSE RIESTRA Electronic Signature of Registered Agent ctor Detail :		01/31/20 Date	24
SIGNATURE Officer/Dire	E: JOSE RIESTRA Electronic Signature of Registered Agent ctor Detail : S/T	Title	01/31/20 Date	24
SIGNATURE Officer/Dire Title Name	E: JOSE RIESTRA Electronic Signature of Registered Agent Ctor Detail : S/T DEMERY, REGINALD 801 N. MAIN STREET	Title Name	01/31/20 Date P CEGLIA, JAMES	24
SIGNATURE Officer/Dire Title Name Address	E: JOSE RIESTRA Electronic Signature of Registered Agent Ctor Detail : S/T DEMERY, REGINALD 801 N. MAIN STREET	Title Name Address	P CEGLIA, JAMES 801 N. MAIN STREET	024
SIGNATURE Officer/Dire Title Name Address City-State-Zip:	E: JOSE RIESTRA Electronic Signature of Registered Agent Ctor Detail : S/T DEMERY, REGINALD 801 N. MAIN STREET KISSIMMEE FL 34744	Title Name Address City-State-Zip:	P CEGLIA, JAMES 801 N. MAIN STREET KISSIMMEE FL 34744	024
SIGNATURE Officer/Dire Title Name Address City-State-Zip: Title	E: JOSE RIESTRA Electronic Signature of Registered Agent Ctor Detail : S/T DEMERY, REGINALD 801 N. MAIN STREET KISSIMMEE FL 34744 VP	Title Name Address City-State-Zip: Title	P CEGLIA, JAMES 801 N. MAIN STREET KISSIMMEE FL 34744 MANAGER	24

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: JAMES CEGLIA

PRESIDENT

01/31/2024

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N1400009380

Entity Name: SAWGRASS POINTE PROPERTY OWNERS ASSOCIATION, INC.

FILED Jan 31, 2024 **Secretary of State** 6264745037CC

Electronic Signature of Signing Officer/Director Detail

Date