

**2016 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N14000009380

**Entity Name:** SAWGRASS POINTE PROPERTY OWNERS ASSOCIATION, INC.

**FILED**  
**Apr 11, 2016**  
**Secretary of State**  
**CR2541814152**

**Current Principal Place of Business:**

5401 KIRKMAN RD  
STE 310  
ORLANDO, FL 32819

**Current Mailing Address:**

P O BOX 803555  
DALLAS, TX 75380 US

**FEI Number: 47-3546009**

**Certificate of Status Desired: No**

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

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 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:** CT CORPORATION SYSTEM

04/11/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name EDWARDS, DAN  
Address 5401 KIRKMAN RD  
STE 310  
City-State-Zip: ORLANDO FL 32819

Title VP  
Name ABATE, PAUL JR  
Address 5401 KIRKMAN RD  
STE 310  
City-State-Zip: ORLANDO FL 32819

Title ST  
Name VALERI, KAREN  
Address 5401 KIRKMAN RD  
STE 310  
City-State-Zip: ORLANDO FL 32819

*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:** DAN EDWARDS

**PRESIDENT**

04/11/2016

Electronic Signature of Signing Officer/Director Detail

Date