

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000010211

**Entity Name:** THE ESTATES AT SAWGRASS LAKES NEIGHBORHOOD ASSOCIATION, INC.**Current Principal Place of Business:**928 E NEW HAVEN AVE  
MELBOURNE, FL 32901**Current Mailing Address:**928 E NEW HAVEN AVE  
MELBOURNE, FL 32901 US**FEI Number: 47-2038417****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SPACE COAST PROPERTY MANAGEMENT OF BREVARD LLC  
928 E NEW HAVEN AVE  
MELBOURNE, FL 32901 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: CYNTHIA MARRS****04/09/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** PRESIDENT  
**Name** PHRAMPUS, STEPHEN  
**Address** 928 E NEW HAVEN AVE  
**City-State-Zip:** MELBOURNE FL 32901**Title** SECRETARY  
**Name** HARRIS, JOHNATHAN  
**Address** 928 E NEW HAVEN AVE  
**City-State-Zip:** MELBOURNE FL 32901**Title** TREASURER  
**Name** MCGUIRE, MIKE  
**Address** 928 E NEW HAVEN AVE  
**City-State-Zip:** MELBOURNE FL 32901**Title** VP  
**Name** PAFF, STEVE  
**Address** 928 E NEW HAVEN AVE  
**City-State-Zip:** MELBOURNE FL 32901**Title** VP  
**Name** DUTRA, AMY  
**Address** 928 E NEW HAVEN AVE  
**City-State-Zip:** MELBOURNE FL 32901

*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: MIKE MCGUIRE****TREASURER****04/09/2021**

Electronic Signature of Signing Officer/Director Detail

Date