# 2017  FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32424

**Entity Name:** THE RESIDENCES OF SAWGRASS MILLS COMMUNITY ASSOCIATION, INC.

**Current Principal  Place of Business:**

1145 SAWGRASS CORP PKWY.
FORT LAUDERDALE,  FL  33323

**Current Mailing Address:**

1145 SAWGRASS CORP PKWY.
FORT LAUDERDALE,  FL  33323  US

**FEI Number: 65-0155329**

**Certificate of Status Desired:**  No

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

KLEIN, DAVID  PL
5550 GLADES RD
 500
BOCA, FL  33431  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: | DAVID KLEIN | 03/20/2017 |
|---|---|---|
| | Electronic Signature of Registered Agent | Date |

## Officer/Director Detail :

| Title | PD | Title | SD |
|---|---|---|---|
| Name | SANCHEZ, JOHN | Name | STROUD, WILLIAM GREGORY |
| Address | 1145 SAWGRASS CORP. PKWY. | Address | 1145 SAWGRAS CORP. PKWY. |
| City-State-Zip: | SUNRISE  FL  33323 | City-State-Zip: | SUNRISE  FL  33323 |

| Title | TD | Title | D |
|---|---|---|---|
| Name | JONES, MONICA | Name | HODGERS, BRIAN |
| Address | 1145 SAWGRASS CORP. PKWY. | Address | 1145 SAWGRASS CORP PKWY |
| City-State-Zip: | SUNRISE  FL  33323 | City-State-Zip: | SUNRISE  FL  33323 |

| Title | D | Title | DIRECTOR |
|---|---|---|---|
| Name | SOLANO, CARMEN | Name | BRONFMAN, ARIK |
| Address | 1145 SAWGRASS CORP PKWY | Address | 1145 SAWGRASS CORP PKWY. |
| City-State-Zip: | SUNRISE  FL  33323 | City-State-Zip: | FORT LAUDERDALE  FL  33323 |

| Title | DIRECTOR |
|---|---|
| Name | LEE, DELFINA |
| Address | 1145 SAWGRASS CORP PKWY. |
| City-State-Zip: | FORT LAUDERDALE  FL  33323 |

*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: WILLIAM GREGG STROUD | SECRETARY | 03/20/2017 |
|---|---|---|
| Electronic Signature of Signing Officer/Director Detail | | Date |