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			03/21/2023
	Electronic Signature of Registered Agent			Date
Officer/Dired	ctor Detail :			
Title	PD	Title	SD	
Name	STROUD, WILLIAM GREGORY	Name	CIRUOLO, LUCIA	
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	DEBERRY, DANIEL	
Address	1145 SAWGRASS CORP. PKWY.	Address	1145 SAWGRASS CORP PKW	(
City-State-Zip:	SUNRISE FL 33323	City-State-Zip:	SUNRISE FL 33323	
Title	D	Title	DIRECTOR	
Name	CROWE, SANDRA	Name	FAJACK, MARK	
Address	1145 SAWGRASS CORP PKWY	Address	1145 SAWGRASS CORP PKW	ί.
City-State-Zip:	SUNRISE FL 33323	City-State-Zip:	FORT LAUDERDALE FL 3332	3
Title	DIRECTOR	Title	DIRECTOR	
Name	ESPINOSA, JOSE	Name	SCHIANO, ROBERT	
Address	1145 SAWGRASS CORP PKWY.	Address	1145 SAWGRASS CORP PKW	ί.
City-State-Zip:	FORT LAUDERDALE FL 33323	City-State-Zip:	FORT LAUDERDALE FL 3332	3
		Continues	Continues on page 2	

KLEIN, DAVID PL 5550 GLADES RD 500 BOCA, FL 33431 US

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

Current Principal Place of Business:

1145 SAWGRASS CORP PKWY. FORT LAUDERDALE, FL 33323

DOCUMENT# N32424

Current Mailing Address:

1145 SAWGRASS CORP PKWY. FORT LAUDERDALE, FL 33323 US

FEI Number: 65-0155329

Name and Address of Current Registered Agent:

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2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: WILLIAM GREGG STROUD

above, or on an attachment with all other like empowered.

PRES

03/21/2023

Electronic Signature of Signing Officer/Director Detail

Date

FILED Mar 21, 2023 Secretary of State 5252515175CC

Certificate of Status Desired: No

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

Officer/Director Detail Continued :

Title	DIRECTOR
Name	NITZBURG, JOANIE
Address	1145 SAWGRASS CORP PKWY.
City-State-Zip:	FORT LAUDERDALE FL 33323