

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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:**

MILBERG KLEIN PL  
1300 N FEDERAL HIGHWAY  
205  
BOCA, FL 33432 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

06/01/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title SD  
Name CIRUOLO, LUCIA  
Address 1145 SAWGRASS CORP. PKWY.  
City-State-Zip: SUNRISE FL 33323

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

Title D  
Name DEBERRY, DANIEL  
Address 1145 SAWGRASS CORP PKWY  
City-State-Zip: SUNRISE FL 33323

Title D  
Name CROWE, SANDRA  
Address 1145 SAWGRASS CORP PKWY  
City-State-Zip: SUNRISE FL 33323

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

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

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

**Continues on page 2**

*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:** STROUD , WILLIAM GREGORY

PRESIDENT

06/01/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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