## 2022 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 03/18/2022

Electronic Signature of Registered Agent Date

Officer/Director 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 HOLSTON, LEZA

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 CROWE, SANDRA Name CJ, MAIER

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 Title DIRECTOR

Name ESPINOSA, JOSE Name SCHIANO, ROBERT

Address 1145 SAWGRASS CORP PKWY. Address 1145 SAWGRASS CORP PKWY.

City-State-Zip: FORT LAUDERDALE FL 33323 City-State-Zip: FORT LAUDERDALE FL 33323

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SIGNATURE: WILLIAM GREG STROUD

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

03/18/2022

FILED Mar 18, 2022

Secretary of State

8433775426CC

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.

## Officer/Director Detail Continued:

Title DIRECTOR

Name NITZBURG, JOANIE

Address 1145 SAWGRASS CORP PKWY.
City-State-Zip: FORT LAUDERDALE FL 33323