

2016 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
5297 W. COPANS RD.
MARGATE, FL 33063 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

04/06/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

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

| | |
|-----------------|-------------------------|
| Title | D |
| Name | CACOULIDIS, GEORGE D |
| Address | 1145 SAWGRASS CORP PKWY |
| City-State-Zip: | SUNRISE FL 33323 |

| | |
|-----------------|-------------------------|
| Title | D |
| Name | SOLANO, CARMEN |
| Address | 1145 SAWGRASS CORP PKWY |
| City-State-Zip: | SUNRISE FL 33323 |

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

| | |
|-----------------|-------------------------|
| Title | DIRECTOR |
| Name | ROTHFELD, NORMAN D |
| Address | 1145 SAWGRASS CORP PKWY |
| City-State-Zip: | SUNRISE 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 GREGORY STROUD**SECRETARY**

04/06/2016

Electronic Signature of Signing Officer/Director Detail

Date