

**2015 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:**KATZMAN GARFINKEL & BERGER  
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:**

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, GREGG
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	HODGERS, BRIAN
Address	1145 SAWGRASS CORP PKWY
City-State-Zip:	SUNRISE FL 33323

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

Title	D
Name	LIND, FRANK
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

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:** GREGG STROUD

SEC

03/23/2015

Electronic Signature of Signing Officer/Director Detail

Date