

2017 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:

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

08/09/2017

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 HODGERS, BRIAN
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 LEE, DELFINA
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: LUCIA CIRUOLO

SECRETARY

08/09/2017

Electronic Signature of Signing Officer/Director Detail

Date