2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002996

Entity Name: THE SAWGRASS PRESERVE HOMEOWNERS' ASSOCIATION,

INC.

FILED Jan 30, 2024 Secretary of State 8797543850CC

Current Principal Place of Business:

C/O REALMANAGE

11784 WEST SAMPLE ROAD SUITE 103

CORAL SPRINGS, FL 33065

Current Mailing Address:

C/O REALMANAGE PO BOX 803555 DALLAS, TX 75380 US

FEI Number: 65-0697748 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROUGH CHADROW & LEVINE PA 2149 N COMMERCE PKWY WESTON, FL 33326 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: BROUGH CHADROW LEVINE

01/30/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

PRESIDENT Title Title DIRECTOR

Name NICOLAU, ANAMARIA Name BROOKS-RUDDOCK, BEVERLY

Address C/O REALMANAGE Address C/O REALMANAGE

11784 WEST SAMPLE ROAD SUITE 11784 WEST SAMPLE ROAD SUITE

City-State-Zip: CORAL SPRINGS FL 33065 City-State-Zip: CORAL SPRINGS FL 33065

Title SECRETARY, VP Title **DIRECTOR** DYER, CHARRISSE PRINGLE, PAUL Name Name

Address C/O REALMANAGE Address C/O REALMANAGE 11784 WEST SAMPLE ROAD SUITE 11784 WEST SAMPLE ROAD SUITE

City-State-Zip: CORAL SPRINGS FL 33065 City-State-Zip: CORAL SPRINGS FL 33065

Title **TREASURER** Name SMITH, PAULA

Address C/O REALMANAGE 11784 WEST SAMPLE ROAD SUITE

City-State-Zip: CORAL SPRINGS FL 33065

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: ANAMARIA NICOLAU **PRESIDENT** 01/30/2024