# Entity Name: THE SAWGRASS PRESERVE HOMEOWNERS' ASSOCIATION, INC.

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**Current Principal Place of Business:** 

1750 UNIVERSITY DR 205 CORAL SPRINGS, FL 33071

DOCUMENT# N9400002996

# **Current Mailing Address:**

SWIFT MGMT SOLUTIONS-NICOLE SWIFT 1750 UNIVERSITY DRIVE #205 CORAL SPRINGS, FL 33071

## FEI Number: 65-0697748

#### Name and Address of Current Registered Agent:

SWIFT MANAGEMENT SOLUTIONS 1750 UNIVERSITY DR, # 205 CORAL SPRINGS, FL 33071 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

## **Officer/Director Detail :**

Title	TD	Title	D
Name	SMITH, PAULA	Name	BURKE, KEVIN
Address	13860 NW 22 ST	Address	13846 NW 22 COURT
City-State-Zip:	SUNRISE FL 33323	City-State-Zip:	SUNRISE FL 33323
Title	PD	Title	VPD
Name	KAHN, MATT	Name	SCROCCA, THERESA
Address	13811 NW 22 COURT	Address	13812 NW 22ND STREET
City-State-Zip:	SUNRISE FL 33323	City-State-Zip:	FORT LAUDERDALE FL 33323
Title	SD		
Name	NISALL, STUART		
Address	2414 NW 138TH DRIVE		

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.

PD

## SIGNATURE: KAHN, MATT

City-State-Zip: FORT LAUDERDALE FL 33323

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

Date

Date