# 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9400002996

Entity Name: THE SAWGRASS PRESERVE HOMEOWNERS' ASSOCIATION,

INC.

**FILED** Feb 12, 2015 **Secretary of State** CC9216543382

# **Current Principal Place of Business:**

1750 UNIVERSITY DR

205

CORAL SPRINGS, FL 33071

# **Current Mailing Address:**

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

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

# 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

Date

### Officer/Director Detail:

Title TD Title D

SMITH, PAULA BURKE, KEVIN Name Name

13860 NW 22 ST Address Address 13846 NW 22 COURT City-State-Zip: SUNRISE FL 33323

SUNRISE FL 33323 City-State-Zip:

Title **DIRECTOR** Title PD

Name BOSTIC, CARROLL KAHN, MATT Name

Address 13803 NW 22 COURT 13811 NW 22 COURT Address City-State-Zip: SUNRISE FL 33323 City-State-Zip: SUNRISE FL 33323

Title SD

Name NISALL, STUART

Address 2414 NW 138TH DRIVE

FORT LAUDERDALE FL 33323 City-State-Zip:

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: MATT KAHN **PRES** 02/12/2015