

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000002605

**FILED  
Apr 17, 2015  
Secretary of State  
CC1260762087**

**Entity Name:** SAWGRASS PLANTATION OF KILLEARN HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2121 KILLARNEY WAY  
TALLAHASSEE, FL 32309

**Current Mailing Address:**

P.O. BOX 11143  
TALLAHASSEE, FL 32302

**FEI Number: 59-3470085**

**Certificate of Status Desired: No**

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

FLORIDA ASSOCIATION & PROPERTY MANAGEMENT  
2121 KILLARNEY WAY  
TALLAHASSEE, FL 32309 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 SELLERS, JOSEPH  
Address P.O. BOX 11143  
City-State-Zip: TALLAHASSEE FL 32302

Title DT  
Name VALACH, MARIAN  
Address P.O. BOX 11143  
City-State-Zip: TALLAHASSEE FL 32302

Title SD  
Name DUDLEY, CHARLOTTE  
Address P.O. BOX 11143  
City-State-Zip: TALLAHASSEE FL 32302

Title D  
Name ALCUS, GWEN  
Address P.O. BOX 11143  
City-State-Zip: TALLAHASSEE FL 32302

*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: JOSEPH SELLERS**

**CAM**

**04/17/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date