

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002605

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

Current Principal Place of Business:

1616 METROPOLITAN CIRCLE
SUITE C
TALLAHASSEE, FL 32308

Current Mailing Address:

POST OFFICE BOX 11143
TALLAHASSEE, FL 32302 US

FEI Number: 59-3470085

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FLORIDA ASSOCIATION & PROPERTY MANAGEMENT
1616 METROPOLITAN CIRCLE
SUITE C
TALLAHASSEE, FL 32308 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 SKINNER, QUINN
Address POST OFFICE BOX 11143
City-State-Zip: TALLAHASSEE FL 32302

Title DVP
Name DIGISI, NANCY
Address POST OFFICE BOX 11143
City-State-Zip: TALLAHASSEE FL 32302

Title MANAGING AGENT
Name FLORIDA ASSOCIATION & PROPERTY MANAGEMENT, INC.
Address P.O. BOX 11143
City-State-Zip: TALLAHASSEE FL 32302

Title SD
Name OATIS, CARRIE
Address POST OFFICE BOX 11143
City-State-Zip: TALLAHASSEE FL 32302

Title DT
Name HURST, PAUL
Address POST OFFICE 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: JOANIE TROTMAN

CAM

04/26/2023

Electronic Signature of Signing Officer/Director Detail

Date