

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002605

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

Title	D
Name	HARRISON, DEBBY
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: JOANIE TROTMAN**CAM****03/27/2019**

Electronic Signature of Signing Officer/Director Detail

Date