

2013 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 VPD
Name SELLERS, JOSEPH
Address 2892 MANILA PALM COURT
City-State-Zip: TALLAHASSEE FL 32309Title D
Name WALLS, JUDY
Address 2793 SAW PALMETTO LANE
City-State-Zip: TALLAHASSEE FL 32309Title PD
Name LAUGHLIN, ALISON
Address 2420 NEEDLE PALM WAY
City-State-Zip: TALLAHASSEE FL 32309Title DT
Name VALACH, MARIAN
Address 2440 NEEDLE PALM WAY
City-State-Zip: TALLAHASSEE FL 32309Title SD
Name DUDLEY, CHARLOTTE
Address 2844 SAW PALMETTO LANE
City-State-Zip: TALLAHASSEE FL 32309Title D
Name RUSSELL, PADDY
Address 3059 ROYAL PALM WAY
City-State-Zip: TALLAHASSEE FL 32309

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: ALISON LAUGHLIN**PD****04/15/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date