

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727467

FILED  
Mar 18, 2010  
Secretary of State

Entity Name: SAWGRASS ASSOCIATION, INC.

**Current Principal Place of Business:**

% MAY MANAGEMENT SERVICES, INC.  
10036 SAWGRASS DR, STE 1  
PONTE VEDRA BCH, FL 32082

**New Principal Place of Business:**

**Current Mailing Address:**

% MAY MANAGEMENT SERVICES, INC.  
10036 SAWGRASS DR, STE 1  
PONTE VEDRA BCH, FL 32082

**New Mailing Address:**

FEI Number: 59-1534998

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

O'NEIL, CYNTHIA  
% MAY MANAGEMENT SERVICES  
10036 SAWGRASS DRIVE STE 1  
PONTE VEDRA, FL 32082 US

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

MAY MANAGEMENT SERVICES  
% MAY MANAGEMENT SERVICES  
10036 SAWGRASS DRIVE STE 1  
PONTE VEDRA, FL 32082 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: ANNA MARKS

03/18/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FAIRLEY, BOB  
Address: 164 SEA ISLAND DRIVE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: S  
Name: STORMS, JOHN  
Address: 10036 SAWGRASS DR W SUITE 1  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D  
Name: CZERVIONKE, JEANNE  
Address: 10036 SAWGRASS DR W SUITE 1  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: T  
Name: LIPTAK, WALTER T  
Address: 3205 OLD BARN COURT  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VP  
Name: KETTELL, LEE  
Address: 11 LAKE JULIA DRIVE SOUTH  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D  
Name: CURTIN, FRANK  
Address: 4 SPYGLASS LANE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: WALTER LIPTAK

T

03/18/2010

Electronic Signature of Signing Officer or Director

Date