

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90307 002 \*\*\*\*61.25

**DOCUMENT # 767744**

1. Entity Name  
**SAWGRASS LANDING CONDOMINIUM ASSOCIATION, INC.**



40000000

Principal Place of Business  
2701 N SEABREEZE PT.  
CRYSTAL RIVER, FL 34429 US

Mailing Address  
PO BOX 1175  
CRYSTAL RIVER, FL 34423 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04212005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
59-2494073

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BIRKENMEYER  
334 NW 3RD AVE  
OCALA, FL 34475

Name  
MICHAEL J. TRINGALI

Street Address (P.O. Box Number is Not Acceptable)  
2450 N. CITRUS HILLS BLVD.

City HERNANDO

FL

Zip Code  
34442

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE MICHAEL J. TRINGALI, MICHAEL J. TRINGALI  
Signature, typed or printed name of registered agent and title if applicable.

4-25-05

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE T ☐ Delete  
NAME EHLENBECK, JOHN E  
STREET ADDRESS 23245 CROOM ROAD  
CITY-ST-ZIP BROOKSVILLE, FL 34601

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME SAVASTA, DONALD  
STREET ADDRESS 2431 S. SUNCOAST BLVD.  
CITY-ST-ZIP HOMOSASSA, FL 34448

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P ☐ Delete  
NAME PRITCHARD, DAVE  
STREET ADDRESS 3401 SE 45TH ST.  
CITY-ST-ZIP Ocala, FL 34480

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME FENDER, DOREEN  
STREET ADDRESS PO BOX 2056  
CITY-ST-ZIP CRYSTAL RIVER, FL 344232056

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME STITZEL, ARTHUR  
STREET ADDRESS 5816 LAKE VICTORIA COVE  
CITY-ST-ZIP LAKELAND, FL 33813

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL J. TRINGALI, MICHAEL J. TRINGALI, AGENT 4-25-05 352-746-1400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #