

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767744

FILED
Jul 11, 2006
Secretary of State

Entity Name: SAWGRASS LANDING CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2701 N SEABREEZE PT.
CRYSTAL RIVER, FL 34429 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1175
CRYSTAL RIVER, FL 34423 US

New Mailing Address:

PO BOX 839
LECANTO, FL 34460 US

FEI Number: 59-2494073 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TRINGALI, MICHAEL J
2450 N CITRUS HILLS BLVD
HERNANDO, FL 34442 US

Name and Address of New Registered Agent:

CABANA, ARLENE M
4589 W OAKLAWN STREET
LECANTO, FL 34461 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: ARLENE M CABANA

07/11/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: EHLENBECK, JOHN E
Address: 23245 CROOM ROAD
City-St-Zip: BROOKSVILLE, FL 34601

Title: D (X) Delete
Name: SAVASTA, DONALD
Address: 2431 S. SUNCOAST BLVD.
City-St-Zip: HOMOSASSA, FL 34448

Title: P () Delete
Name: PRITCHARD, DAVE
Address: 3401 SE 45TH ST.
City-St-Zip: OCALA, FL 34480

Title: S () Delete
Name: FENDER, DOREEN
Address: PO BOX 2056
City-St-Zip: CRYSTAL RIVER, FL 344232056

Title: VP () Delete
Name: STITZEL, ARTHUR
Address: 5816 LAKE VICTORIA COVE
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: STIZEL, SHERRI
Address: 2118 N WATERSEEDGE DRIVE
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ARLENE M CABANA

RA

07/11/2006

Electronic Signature of Signing Officer or Director

Date