2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767744

FILED Mar 13, 2007 Secretary of State

Entity Name: SAWGRASS LANDING CONDOMINIUM ASSOCIATION, INC. **New Principal Place of Business: Current Principal Place of Business:** 2701 N SEABREEZE PT. CRYSTAL RIVER, FL 34429 US **Current Mailing Address: 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 () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CABANA, ARLENE M 4589 W ÓAKLAWN STREET LECANTO, FL 34461 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete EHLENBECK, JOHN E Name: Name: Address: 23245 CROOM ROAD Address: City-St-Zip: BROOKSVILLE, FL 34601 City-St-Zip: Title: () Delete Title: (X) Change () Addition PRITCHARD, DAVE Name: Name: BARNES, LEX Address: 3401 SE 45TH ST. Address: 7730 N HARGROVE PT City-St-Zip: OCALA, FL 34480 City-St-Zip: CRYSTAL RIVER, FL 34428 Title: () Delete Title: () Change () Addition STIZEL, SHERRI Name: Name: 2118 N WATERSEDGE DRIVE Address: Address: City-St-Zip: CRYSTAL RIVER, FL 34429 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: STITZEL, ARTHUR Name: FLANZBAUM, MIKE 5816 LAKE VICTORIA COVE Address: Address: 4694 FRANCES DR City-St-Zip: LAKELAND, FL 33813 City-St-Zip: DELRAY BEACH, FL 33445T

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: JOHN EHLENBECK Τ 03/13/2007