2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008
Secretary of State

DOCUMENT# 767744

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 839
LECANTO, FL 34460 US

New Mailing Address:

FEI Number: 59-2494073 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CABANA, ARLENE M
2541 N RESTON TERRACE
HERNANDO, FL 34442 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 02/25/2008
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: P ( ) Delete
Name: BARNES, LEX
Address: 7730 N HARGROVE PT
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: S ( ) Delete
Name: STIZEL, SHERRI
Address: 2118 N WATERSEDGE DRIVE
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: VP ( ) Delete
Name: FLANZBAUM, MIKE
Address: 4694 FRANCES DR
City-St-Zip: DELRAY BEACH, FL 33445T

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

I hereby certify that the information supplied with this filing does not qualify 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 02/25/2008
Electronic Signature of Signing Officer or Director Date