

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003562

FILED
Apr 12, 2011
Secretary of State

Entity Name: SAWGRASS LAKES PHASE 2 ASSOCIATION, INC.

Current Principal Place of Business:

430 NW LAKE WHITNEY PL
PORT SAINT LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 880038
PORT ST. LUCIE, FL 34988

New Mailing Address:

FEI Number: 65-1067463

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKRLD, INC
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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:

Title: P
Name: WALSHE, ART
Address: 430 NW LAKE WHITNEY PLACE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: 1VP
Name: MOWERY, TOD
Address: 430 NW LAKE WHITNEY PLACE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: 2VP
Name: PARKER, BOB
Address: 430 NW LAKE WHITNEY PLACE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: T
Name: DIIANNI, MIKE
Address: 430 NW LAKE WHITNEY PLACE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: S
Name: ASHBY, CHRIS
Address: 430 NW LAKE WHITNEY PLACE
City-St-Zip: PORT SAINT LUCIE, FL 34986

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: ART WALSHE

PM

04/12/2011

Electronic Signature of Signing Officer or Director

Date