

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003562

FILED
Mar 28, 2012
Secretary of State

Entity Name: SAWGRASS LAKES PHASE 2 ASSOCIATION, INC.

Current Principal Place of Business:

543 NW LAKE WHITNEY PL
SUITE 101
PORT SAINT LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

543 NW LAKE WHITNEY PL
SUITE 101
PORT SAINT LUCIE, FL 34986

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:

BRISTOL MANAGEMENT SERVICES
543 NW LAKE WHITNEY PLACE
SUITE 101
PORT ST LUCIE, FL 3498 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: STEVE INGLIS

03/28/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: WALSHE, ART
Address: 543 NW LAKE WHITNEY PLACE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: 1VP
Name: MOWERY, TOD
Address: 543 NW LAKE WHITNEY PLACE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: 2VP
Name: ASHBY, CHRIS
Address: 543 NW LAKE WHITNEY PLACE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: T
Name: DIIANNI, MIKE
Address: 543 NW LAKE WHITNEY PLACE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: S
Name: DYER, LEE
Address: 543 NW LAKE WHITNEY PLACE
City-St-Zip: PORT ST 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

PRES

03/28/2012

Electronic Signature of Signing Officer or Director

Date