2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2009
Secretary of State

DOCUMENT# N01000000119

Entity Name: SAWGRASS KEY AT SUNTREE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

7205 WAELTI DR
MELBOURNE, FL 32940

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 410995
MELBOURNE, FL 321941

New Mailing Address:

645 CLASSIC CT.
104
MELBOURNE, FL 32940 US

FEI Number: 59-3743222 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPACE COAST PROPERTY
645 CLASSIC COURT STE. 104
MELBOURNE, FL 32940 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: PD ( ) Delete
Name: GULLEDGE, ALBERT L
Address: 7205 WAELTI DR
City-St-Zip: MELBOURNE, FL 32940

Title: VD ( ) Delete
Name: WINTERFELDT, STEVE
Address: 7205 WAELTI DR
City-St-Zip: MELBOURNE, FL 32940

Title: STD ( ) Delete
Name: GULLEDGE, CAROLYN S
Address: 7205 WAELTI DR
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: WINTERFELDT, STEVE
Address: 7205 WAELTI DR
City-St-Zip: MELBOURNE, FL 32940

Title: ST (X) Change ( ) Addition
Name: GULLEDGE, CAROLYN S
Address: 7205 WAELTI DR
City-St-Zip: MELBOURNE, FL 32940

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: ALBERT GULLEDGE PRES 01/27/2009

Electronic Signature of Signing Officer or Director — Date