

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006926

FILED  
Apr 10, 2009  
Secretary of State

**Entity Name:** SAWGRASS COMMERCE CENTER OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

% MINK & MINK, INC.  
3081 E. COMMERCIAL BLVD., SUITE 105  
FORT LAUDERDALE, FL 33308

**New Principal Place of Business:**

**Current Mailing Address:**

% MINK & MINK, INC.  
3081 E. COMMERCIAL BLVD., SUITE 105  
FORT LAUDERDALE, FL 33308

**New Mailing Address:**

**FEI Number:** 20-2306787

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MINK & MINK INC  
3081 E. COMMERCIAL BLVD  
SUITE 105  
FORT LAUDERDALE, FL 33308 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: S/T ( ) Delete  
Name: DAVIS, CRAIG  
Address: 6363 W. 6TH WAY STE. 400  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: PVP ( ) Delete  
Name: MACINNES, DENNIS M  
Address: 6363 SW 6TH WAY STE. 400  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: S/T (X) Change ( ) Addition  
Name: DAVIS, CRAIG  
Address: 6363 NW. 6TH WAY STE. 400  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: DP (X) Change ( ) Addition  
Name: MACINNES, DENNIS M  
Address: 6363 NW 6TH WAY STE. 400  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: DVP ( ) Change (X) Addition  
Name: KELLY, MICHAEL  
Address: 6363 NW 6TH WAY STE 400  
City-St-Zip: FT. LAUDERDALE,, FL 33309

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: DENNIS M. MACINNES

DP

04/10/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date