2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2009
Secretary of State

DOCUMENT# N03000002590

Entity Name: SAWGRASS ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS OF BROWARD COUNTY, INC.

Current Principal Place of Business:

8930 STATE ROAD 84
NO. 316
DAVIE, FL 33324

New Principal Place of Business:

Current Mailing Address:

8930 STATE ROAD 84
NO. 316
DAVIE, FL 33324

New Mailing Address:

FEI Number: 81-0603942 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WOLONICK, LINDA M
9662 RIDGECREST COURT
DAVIE, FL 33328 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: NCP ( ) Delete
Name: BONCHICK, RICHARD
Address: 10100 W. SAMPLE ROAD, #313
City-St-Zip: CORAL SPRINGS, FL 33065

Title: ST ( ) Delete
Name: FIELD, JOHN W
Address: 9692 RIDGECREST COURT
City-St-Zip: DAVIE, FL 33328

Title: VPPE ( ) Delete
Name: GROSSMAN, ROSS
Address: 1747 VAN BUREN STREET
City-St-Zip: HOLLYWOOD, FL 33020

Title: ED ( ) Delete
Name: WOLONICK, LINDA M
Address: 8930 STATE ROAD 84, NO. 316
City-St-Zip: DAVIE, FL 33324

Title: D ( ) Delete
Name: GOLDBLATT, LYNN
Address: 2700 W. CYPRESS CREEK ROAD, STE. D-128
City-St-Zip: FORT LAUDERDALE, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: BONCHICK, RICHARD
Address: 10100 W. SAMPLE ROAD, #313
City-St-Zip: CORAL SPRINGS, FL 33065

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

Title: PRES (X) Change ( ) Addition
Name: BOYLAN, JAMES F
Address: 2121 NORTH STATE ROAD 7
City-St-Zip: MARGATE, FL 33063

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: LINDA M. WOLONICK ED 07/23/2009

Electronic Signature of Signing Officer or Director — Date