

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008029

FILED  
Apr 18, 2005  
Secretary of State

**Entity Name:** SAWGRASS AT GRAND LAGOON HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

882 HIGHWAY 71 SOUTH  
KINARD, FL 32449

**New Principal Place of Business:**

**Current Mailing Address:**

882 HIGHWAY 71 SOUTH  
KINARD, FL 32449

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

DAVIS, JOHN M  
882 HIGHWAY 71 SOUTH  
KINARD, FL 32449 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: DAVIS, JOHN  
Address: 882 HIGHWAY 71 SOUTH  
City-St-Zip: KINARD, FL 32449

Title: D ( ) Delete  
Name: KNIGHT, TED  
Address: POST OFFICE BOX 18065  
City-St-Zip: PANAMA CITY BEACH, FL 32417

Title: D ( ) Delete  
Name: BOWDEN, WENDELL  
Address: POST OFFICE BOX 1606  
City-St-Zip: MACON, GA 312021606

Title: ST ( ) Delete  
Name: DAVIS, DOROTHY  
Address: 882 HIGHWAY 71 SOUTH  
City-St-Zip: KINARD, FL 32449

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

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

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

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 for the exemption stated in Section 119.07(3)(i), 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: JOHN M. DAVIS

PD

04/18/2005

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

\_\_\_\_\_  
Date