

# 2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000008029

FILED  
Aug 28, 2014  
Secretary of State

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

**Current Principal Place of Business:**

21626 DOLPHIN AVENUE  
PANAMA CITY BEACH, FL 32413

**New Principal Place of Business:**

8730 THOMAS DRIVE  
SUITE 1110-A  
PANAMA CITY BEACH, FL 32408

**Current Mailing Address:**

21626 DOLPHIN AVENUE  
PANAMA CITY BEACH, FL 32413

**New Mailing Address:**

8730 THOMAS DRIVE  
SUITE 1110-A  
PANAMA CITY BEACH, FL 32408

**FEI Number:** 20-3759588

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MAINS, LISA M  
21626 DOLPHIN AVENUE  
PANAMA CITY BEACH, FL 32413 US

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

FULLER, DENNIS  
8730 THOMAS DRIVE  
1110-A  
PANAMA CITY BEACH, FL 32413 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: DENNIS FULLER

08/28/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: PRESLAKI, LUKE  
Address: POST OFFICE BOX 19186  
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: VP  
Name: WHITLOCK, MARK  
Address: 8730 THOMAS DRIVE  
City-St-Zip: PANAMA CITY BEACH, FL 32408, FL 32408

Title: SEC  
Name: WHITLOCK, CANDACE  
Address: 8730 THOMAS DRIVE SUITE  
City-St-Zip: PANAMA CITY BEACH, FL 32408

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: LUKE PRESLAKI

PRES

08/28/2014

Electronic Signature of Signing Officer or Director

Date