

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011461

FILED
Aug 11, 2006
Secretary of State

Entity Name: SAWGRASS VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2630 S. FALKENBURG ROAD
RIVERVIEW, FL 33569

New Principal Place of Business:

8009 S. ORANGE AVENUE
ORLANDO, FL 32809

Current Mailing Address:

8009 S ORANGE AVE
ORLANDO, FL 32809

New Mailing Address:

8009 S. ORANGE AVENUE
ORLANDO, FL 32809

FEI Number: 20-2708935 **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:

LELAND MGMT
8009 S ORANGE AVE
ORLANDO, FL 32809 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: D () Delete
Name: GAMM, STEVEN E
Address: 2630 S. FALKENBURG ROAD
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: REAGAN, JOSEPH
Address: 2630 S. FALKENBURG ROAD
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: MALCUIT, KEITH
Address: 2630 S. FALKENBURG ROAD
City-St-Zip: RIVERVIEW, FL 33569

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: STEVEN E GAMM

D

08/11/2006

Electronic Signature of Signing Officer or Director

Date