

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011461

FILED  
Apr 30, 2008  
Secretary of State

**Entity Name:** SAWGRASS VILLAGE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

8009 S. ORANGE AVENUE  
ORLANDO, FL 32809

**New Principal Place of Business:**

5955 T.G. LEE BLVD  
SUITE 300  
ORLANDO, FL 32822 US

**Current Mailing Address:**

8009 S. ORANGE AVENUE  
ORLANDO, FL 32809

**New Mailing Address:**

5955 T.G. LEE BLVD  
SUITE 300  
ORLANDO, FL 32822 US

**FEI Number:** 20-2708935

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LELAND MGMT  
8009 S. ORANGE AVE  
ORLANDO, FL 32809 US

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

LELAND MGMT  
5955 T.G. LEE BLVD  
SUITE 300  
ORLANDO, FL 32822 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: REBECCA FURLOW

04/30/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DVP ( ) Delete  
Name: HEITZMANN, NEIL  
Address: 2630 S. FALKENBURG ROAD  
City-St-Zip: RIVERVIEW, FL 33569

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

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

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

Title: DVP (X) Change ( ) Addition  
Name: DUNCAN, ANDY  
Address: 2630 S. FALKENBURG ROAD  
City-St-Zip: RIVERVIEW, FL 33578

Title: DST (X) Change ( ) Addition  
Name: RIOS, LUIS  
Address: 2630 S. FALKENBURG ROAD  
City-St-Zip: RIVERVIEW, FL 33578

Title: DP (X) Change ( ) Addition  
Name: JUNE, ROB  
Address: 2630 S. FALKENBURG ROAD  
City-St-Zip: RIVERVIEW, FL 33578

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: ROB JUNE

P

04/30/2008

Electronic Signature of Signing Officer or Director

Date