

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003843

FILED  
Mar 31, 2009  
Secretary of State

**Entity Name:** SAWGRASS EXCHANGE OFFICE PARK PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

11784 W. SAMPLE ROAD, #103  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

**Current Mailing Address:**

11784 W. SAMPLE ROAD, #103  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

**FEI Number:** 65-1005929

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

UNITED COMMUNITY MANAGEMENT CORP.  
11784 W. SAMPLE ROAD, #103  
CORAL SPRINGS, FL 33065 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: DPST ( ) Delete  
Name: PATEL, ASHOK M.D.  
Address: 998 NW 9TH CT  
City-St-Zip: BOCA RATON, FL 33486

Title: D ( ) Delete  
Name: PATEL, PUJA  
Address: 998 NW 9TH CT  
City-St-Zip: BOCA RATON, FL 33486

Title: D ( ) Delete  
Name: PATEL, VIRAG  
Address: 998 NW 9TH CT  
City-St-Zip: BOCA RATON, FL 33486

**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 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: MARY LOU PALMER

AGT

03/31/2009

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

\_\_\_\_\_  
Date