

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005424

FILED
Jan 08, 2009
Secretary of State

Entity Name: SAWGRASS PRESERVE TOWNHOMES CONDOMINIUM OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5055 BABCOCK ST., NE, #
PALM BAY, FL 32905

New Principal Place of Business:

5055 BABCOCK ST., NE,
SUITE 4
PALM BAY, FL 32905

Current Mailing Address:

5055 BABCOCK ST., NE, #
PALM BAY, FL 32905

New Mailing Address:

5055 BABCOCK ST., NE,
SUITE 4
PALM BAY, FL 32905

FEI Number: 26-0639607

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRESE, GARY B. ESQ.
930 S. HARBOR CITY BLVD., STE. 505
MELBOURNE, FL 32901 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: DP () Delete
Name: FACCIOBENE, DON
Address: 5055 BABCOCK ST NE 4
City-St-Zip: PALM BAY, FL 32905

Title: DV () Delete
Name: CURRI, JOHN
Address: 2893 N. HARBOR CITY BLVD.
City-St-Zip: MELBOURNE, FL 32935

Title: DST () Delete
Name: FACCIOBENE, FRANK M. SR.
Address: 50 W. LAURIE ST.
City-St-Zip: MELBOURNE, FL 32904

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: DON FACCIOBENE

MR

01/08/2009

Electronic Signature of Signing Officer or Director

Date