## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000008401

FILED Jaņ 2<u>8, 2</u>009 Secretary of State

Entity Name: TAO SAWGRASS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:** 

**New Principal Place of Business:** 

4350 OAKS RD., SUITE 516 DAVIE, FL 33314

2641 N. FLAMINGO ROAD, SUITE 102

SUNRISE, FL 33323

**Current Mailing Address:** 

**New Mailing Address:** 

4350 OAKS RD., SUITE 516 DAVIE, FL 33314

2641 N. FLAMINGO ROAD, SUITE 102

SUNRISE, FL 33323

FEI Number: 26-3428141

DAVIE, FL 33314

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MCELDOWNEY, PAMELA 4350 OAKS RD., SUITE 516 CFRA, LLC

4221 W. BOY SCOUT BOULEVARD

1000

Title:

Name:

TAMPA, FL 33607 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: ROBERT S. FREEDMAN

01/28/2009

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition

() Delete WEITZER, HARRY Name: Address:

4350 OAKES RD., SUITE 516

City-St-Zip: **DAVIE, FL 33314** 

(X) Change ( ) Addition GUATTARE, GEORGE Name:

Address: 3959 N. LINCOLN AVENUE City-St-Zip: CHICAGO, IL 60613

LOISEL, DEAN

Title: VD () Delete ROSEWATER, JAMES Name:

Address: 4350 OAKS RD., SUITE 516

City-St-Zip: **DAVIE, FL 33314**  Address: 2641 N. FLAMINGO ROAD, SUITE 102

City-St-Zip: SUNRISE, FL 33323

VD

Title: STD () Delete MCELDOWNEY, PAMELA Name:

4350 OAKS RD., SUITE 516 Address:

City-St-Zip: **DAVIE. FL 33314**  Title: (X) Change ( ) Addition

Name: GALEANO, RACQUEL

2641 N. FLAMINGO ROAD, SUITE 102 Address:

City-St-Zip: SUNRISE, FL 33323

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: GEORGE GUATTARE PD