

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009810

FILED  
Feb 24, 2009  
Secretary of State

Entity Name: SAWGRASS EXECUTIVE CONDOMINIUM, INC.

## Current Principal Place of Business:

3490 NORTH U.S. HIGHWAY 1  
COCOA, FL 32926

## New Principal Place of Business:

3809 DEACON WAY  
COCOA, FL 32926

## Current Mailing Address:

3490 NORTH U.S. HIGHWAY 1  
COCOA, FL 32926

## New Mailing Address:

3809 DEACON WAY  
COCOA, FL 32926

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SOILEAU, JOHN L ESQ.  
WATSON, SOILEAU, DELEO, BURGETT & PICKLES  
3490 NORTH U.S. HIGHWAY 1  
COCOA, FL 32926 US

## Name and Address of New Registered Agent:

SMITHSON, ROBERT L  
3809 DEACON WAY  
COCOA, FL 32926 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 L. SMITHSON

02/24/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SMITHSON, ROBERT  
Address: 3809 DEACON WAY  
City-St-Zip: COCOA, FL 32926

Title: VD ( ) Delete  
Name: SMITHSON, LINDA  
Address: 3809 DEACON WAY  
City-St-Zip: COCOA, FL 32926

Title: D (X) Delete  
Name: WINN, DAVID  
Address: 3809 DEACON WAY  
City-St-Zip: COCOA, FL 32926

## 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: ROBERT L. SMITHSON

PRES

02/24/2009

Electronic Signature of Signing Officer or Director

Date