

# 2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000011159

FILED  
Nov 15, 2012  
Secretary of State

**Entity Name:** SAWGRASS BUSINESS CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

969 SOUTH FEDERAL HIGHWAY  
SUITE 401  
STUART, FL 34994

**New Principal Place of Business:**

738 COLORADO AVE.  
STUART, FL 34994

**Current Mailing Address:**

969 SOUTH FEDERAL HIGHWAY  
SUITE 401  
STUART, FL 34994

**New Mailing Address:**

738 COLORADO AVE  
STUART, FL 34994

**FEI Number:** 20-5831504

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SIGNATURE PROPERTY MANAGEMENT, INC  
969 SOUTH FEDERAL HIGWAY  
SUITE 401  
STUART, FL 34994 US

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

SIGNATURE PROPERTY MANAGEMENT, INC  
738 COLORADO AVE.  
STUART, FL 34994 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: CHRISTOPHER WADSWORTH

11/15/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: SD  
Name: GOZDZ, NICOLE  
Address: 1235 SE INDIAN ST, #103  
City-St-Zip: STUART, FL 34886

Title: VPD  
Name: ECKSTROM, MARK  
Address: 2690 SE WILLOUGHBY BLVD  
City-St-Zip: STUART, FL 34994

Title: TD  
Name: RALICKI, DAVID  
Address: 1235 SE INDIAN ST, 102  
City-St-Zip: STUART, FL 34886

Title: PD  
Name: ZINDERMAN, GARY  
Address: 1233 SE INDIAN ST, 101  
City-St-Zip: STUART, FL 34886

Title: D  
Name: DELATTRE, TOM  
Address: 1239 SE INDIAN ST, 106  
City-St-Zip: STUART, FL 34886

I hereby 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 all other like empowered.

SIGNATURE: DAVID RALICKI

TD

11/15/2012

Electronic Signature of Signing Officer or Director

Date