2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 01, 2008 8:00 am Secretary of State

					CULCIALY UL SI	4 LC	
DOCUMENT # N06000012593 1. Entity Name SAWGRASS OFFICE CENTER ASSOCIATION, INC.				02-01-2008 90029 030 ****6			
Principal Place of Business 4651 SHERIDAN STREET SUITE 303 HOLLYWOOD, FL 33021 Mailing Address 4651 SHERIDAN STREET SUITE 303 HOLLYWOOD, FL 33021							
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1361-14	111 Sawgrass Corp. Parkway	Po Box 55/6	10		8 83111 8811) 88211 88111 68189 31868 (468) 84118 18108 EJ		
Suite, Apt.		Suite, Apt. 4, etc.			Chg-NP CR2E037 (12/06)		
Stat	ise FL	Davie FL		4. FEI Number 20-84545	A E	oplied For ot Applicable	
^{Zip} 3333	23 Country A	33355	USA .	5. Certificate of S	Status Desired Status Desired Fee Require		
	6. Name and Address of Current Re	gistered Agent		7. Name and Ad	dress of New Registered Agent		
GHITIS, LEO . Name Rob					ert Serrone		
4651 SHERIDAN STREET SUITE 303 HOLLYWOOD, FL 33021			Street Add	ret Address (R.O. Box Number is Not Acceptable) Parkway			
			City @		Zin Cod		
				mise	FL 3333	<u>23</u>	
	named entity submits this statement for the ions of registered agent.	e purpose of changing its rec	gistered office or re	registered agent, or both, it	n the State of Florida. I am familiar with,	and accept	
SIGNATURE .		•					
	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: Re	egistered Agent signature	e required when reinstating)	DATE		
	Signature, typed or printed name of registered agent and Filling Fee is \$61.25 Due by May 1, 2008	9. Election Campa Trust Fund Con	aign Financing	\$5.00 May Be	Make check payable t		
10.	Filing Fee is \$61.25	9. Election Campa Trust Fund Con	aign Financing	\$5.00 May Be Added to Fees	Make check payable t	tate	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #