
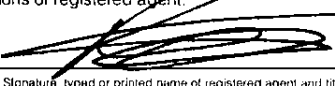


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-01-2008 90029 030 \*\*\*\*61.25

<b>DOCUMENT # N06000012593</b> 1. Entity Name <b>SAWGRASS OFFICE CENTER ASSOCIATION, INC.</b>					
Principal Place of Business <b>4651 SHERIDAN STREET SUITE 303 HOLLYWOOD, FL 33021</b>			Mailing Address <b>4651 SHERIDAN STREET SUITE 303 HOLLYWOOD, FL 33021</b>		
2. Principal Place of Business - No P.O. Box # <b>1361-1411 Sawgrass Corp. Parkway</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 551690</b> Suite, Apt. #, etc.			
City & State <b>Sunrise, FL</b>		City & State <b>Davie, FL</b>		4. FEI Number <b>20-8454545</b>	
Zip <b>33323</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GHITIS, LEO 4651 SHERIDAN STREET SUITE 303 HOLLYWOOD, FL 33021</b>			7. Name and Address of New Registered Agent Name <b>Robert Serrone</b> Street Address (P.O. Box Number is Not Acceptable) <b>1391 Sawgrass Corporate Parkway</b> City <b>Sunrise</b> <b>FL</b> Zip Code <b>33323</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Signature, typed or printed name of registered agent and title if applicable.</span> <span>(NOTE: Registered Agent signature required when reinstating)</span> <span>DATE</span> </div>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GHITIS, LEO 4651 SHERIDAN STREET SUITE 303 HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. <b>Brian Gordon</b> <b>1371 Sawgrass Corporate Parkway</b> <b>Sunrise, FL 33323</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GHITIS, RUTHY 4651 SHERIDAN STREET SUITE 303 HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>Robert Serrone</b> <b>1391 Sawgrass Corporate Parkway</b> <b>Sunrise, FL 33323</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HURTADO, SHARIL 4651 SHERIDAN STREET SUITE 303 HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <b>Barry Wacholder</b> <b>1361 Sawgrass Corporate Parkway</b> <b>Sunrise, FL 33323</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 another like empowered.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #