

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012593

FILED
Apr 16, 2009
Secretary of State

Entity Name: SAWGRASS OFFICE CENTER ASSOCIATION, INC.

Current Principal Place of Business:

1361-1411 SAWGRASS PARKWAY
SUNRISE, FL 33323 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 551690
DAVIE, FL 33355

New Mailing Address:

FEI Number: 20-8454545

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SERRONE, ROBERT
1391 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33323 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: GORDON, BRIAN
Address: 1371 SAWGRASS CORPORATE PARKWAY
City-St-Zip: SURISE, FL 33323

Title: VP () Delete
Name: SERRANE, ROBERT
Address: 1391 SAWGRASS CORPORATE PARKWAY
City-St-Zip: WESTON, FL 33323

Title: ST () Delete
Name: WACHOLDER, BARRY
Address: 1361 SAWGRASS CORPORATE PARKWAY
City-St-Zip: SUNRISE, FL 33323

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: GORDON, BRIAN
Address: 1371 SAWGRASS CORPORATE PARKWAY
City-St-Zip: SUNRISE, FL 33323

Title: VP (X) Change () Addition
Name: SERRONE, ROBERT
Address: 1391 SAWGRASS CORPORATE PARKWAY
City-St-Zip: SUNRISE, FL 33323

Title: ST (X) Change () Addition
Name: WACHHOLDER, BARRY
Address: 1361 SAWGRASS CORPORATE PARKWAY
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: ROBERT A. SERRONE

VP

04/16/2009

Electronic Signature of Signing Officer or Director

Date