

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000012593

**FILED**  
**Apr 13, 2012**  
**Secretary of State**

**Entity Name:** SAWGRASS OFFICE CENTER ASSOCIATION, INC.

**Current Principal Place of Business:**

1361-1411 SAWGRASS CORPORATE PARKWAY  
SUNRISE, FL 33323 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 268598  
WESTON, FL 33326

**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  
**Name:** GORDON, BRIAN  
**Address:** 1371 SAWGRASS CORPORATE PARKWAY  
**City-St-Zip:** SUNRISE, FL 33323

**Title:** VP  
**Name:** SERRONE, ROBERT  
**Address:** 1391 SAWGRASS CORPORATE PARKWAY  
**City-St-Zip:** SUNRISE, FL 33323

**Title:** ST  
**Name:** WACHHOLDER, BARRY  
**Address:** 1361 SAWGRASS CORPORATE PARKWAY  
**City-St-Zip:** SUNRISE, FL 33323

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:** ROBERT A SERRONE

VP

04/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date