

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06362

FILED
Apr 15, 2009
Secretary of State

Entity Name: SAWGRASS VILLAGE EXECUTIVE CENTER ASSOCIATION, INC.

Current Principal Place of Business:

ASSOCIATION MGMT. OF PONTE VEDRA INC
3108 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BCH, FL 32082 US

New Principal Place of Business:

ASSOCIATION MGMT. OF PONTE VEDRA, INC
3108 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BCH, FL 32082 US

Current Mailing Address:

ASSOCIATION MGMT. OF PONTE VEDRA INC
3108 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BCH, FL 32082 US

New Mailing Address:

ASSOCIATION MGMT. OF PONTE VEDRA, INC
3108 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BCH, FL 32082 US

FEI Number: 59-0840473

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONNOLLY, C.P.
ASSOCIATION OF MGMT OF POINTE VEDRA INC
3108N SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BCH, FL 32082 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: VPD () Delete
Name: LOOK, RICHARD
Address: 4 OCEAN RIDGE CRT
City-St-Zip: PONTE VEDRA, FL

Title: STD () Delete
Name: BROWNING, JAMES
Address: 2109 SAWGRASS VILLAGE DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: PD () Delete
Name: GOLD, KEITH
Address: 6000 C SAWGRASS VILLAGE CIRCLE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LOOK, RICHARD
Address: 4 OCEAN RIDGE CRT
City-St-Zip: PONTE VEDRA, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PVD (X) Change () Addition
Name: GOLD, KEITH
Address: 6000 C SAWGRASS VILLAGE CIRCLE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: RICHARD LOOK

PD

04/15/2009

Electronic Signature of Signing Officer or Director

Date