

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06362

FILED  
Apr 04, 2012  
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:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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 PONTE VEDRA INC  
3108N SAWGRASS VILLAGE CIRCLE  
PONTE VEDRA BCH, FL 32082 US

**Name and Address of New Registered Agent:**

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

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: C. P. CONNOLLY

04/04/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LOOK, RICHARD  
Address: 4 OCEAN RIDGE CRT  
City-St-Zip: PONTE VEDRA, FL 32082 US

Title: PVD  
Name: BROWNING, JAMES  
Address: 2109 SAWGRASS VILLAGE DRIVE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

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: C. P. CONNOLLY

RA

04/04/2012

Electronic Signature of Signing Officer or Director

Date