

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001680

FILED
Apr 28, 2009
Secretary of State

Entity Name: SAWGRASS PLANTATION PHASE 1A TOWNHOME ASSOCIATION, INC.

Current Principal Place of Business:

C/O BEAZER HOMES CORP.
2600 MAITLAND CENTER PKWY STE 200
MAITLAND, FL 32751

New Principal Place of Business:

6972 LAKE GLORIA BLVD.
ORLANDO, FL 32809

Current Mailing Address:

C/O BEAZER HOMES CORP.
2600 MAITLAND CENTER PKWY STE 200
MAITLAND, FL 32751

New Mailing Address:

6972 LAKE GLORIA BLVD.
ORLANDO, FL 32809

FEI Number: 32-0203863

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARGASZ, NICK
C/O BEAZER HOMES CORP.
2600 MAITLAND CENTER PKWY STE 200
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

LELAND MANAGEMENT
6972 LAKE GLORIA BLVD.
ORLANDO, FL 32809 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: REBECCA FURLOW

04/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GARGASZ, NICK
Address: 2600 MAITLAND CENTER PKWY STE 200
City-St-Zip: MAITLAND, FL 32751

Title: DV () Delete
Name: SMALL, PETE
Address: 2600 MAITLAND CENTER PKWY STE 200
City-St-Zip: MAITLAND, FL 32751

Title: DST () Delete
Name: RABATIN, ROBERTA
Address: 2600 MAITLAND CENTER PKWY STE 200
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CLEMENT, TOM
Address: 7501 WISCONSIN AVENUE
City-St-Zip: BETHESDA, MD 20814

Title: VD (X) Change () Addition
Name: GHITA, CORINA
Address: 6802 PARAGON PLACE
City-St-Zip: RICHMOND, VA 23230

Title: SD (X) Change () Addition
Name: MCFARLAND, KIELAND
Address: 6802 PARAGON PLACE
City-St-Zip: RICHMOND, VA 23230

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: TOM CLEMENT

PD

04/28/2009

Electronic Signature of Signing Officer or Director

Date