

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90054 011 \*\*\*\*61.25

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<b>DOCUMENT # N24136</b> 1. Entity Name <b>SAWGRASS ISLAND HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>% MAY MANAGEMENT SERVICES, INC</b> <b>10036 SAWGRASS DR STE 1</b> <b>PONTE VEDRA BEACH, FL 32082</b>			Mailing Address <b>% MAY MANAGEMENT SERVICES, INC</b> <b>10036 SAWGRASS DR STE 1</b> <b>PONTE VEDRA BEACH, FL 32082</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2865376</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MAY MGMT SERVICES, INC</b> <b>5455 A1A SOUTH</b> <b>SAINT AUGUSTINE, FL 32080</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WHITEHOUSE, JOHN</b> <b>8037 PEBBLE CREEK LANE W.</b> <b>PONTE VEDRA BEACH, FL 32082</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Ann McPherson</b> <b>9022 Pebble Creek Ln E</b> <b>Ponte Vedra Bch, FL 32082</b>	
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MACK, SPENCER</b> <b>8021 PEBBLE CREEK LANE E</b> <b>PONTE VEDRA BEACH, FL 32082</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b>	
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>REEK, DON</b> <b>8012 PEBBLE CREEK LANE E.</b> <b>PONTE VEDRA BEACH, FL 32082</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Tom Harkleroad</b> <b>8011 Pebble Creek Ln E</b> <b>Ponte Vedra Bch, FL 32082</b>	
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>STEVENS, ALBERT</b> <b>8039 WHISPER LAKE LANE W</b> <b>PONTE VEDRA BEACH, FL 32082</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Ramone Costello</b> <b>8016 Pebble Creek Ln E</b> <b>Ponte Vedra Bch, FL 32082</b>	
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>GOTLSCHULK, RAY</b> <b>8001 WHISPER LAKE LN E</b> <b>PONTE VEDRA BEACH, FL 32082</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b>	
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with or other like empowered.					
<b>SIGNATURE:</b> <i>Tom Harkleroad</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>2-1-06</b>		Daytime Phone # <b>273-0070</b>