

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90047 042 ****61.25

DOCUMENT # N24136

1. Entity Name
SAWGRASS ISLAND HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**% MAY MANAGEMENT SERVICES, INC
10036 SAWGRASS DR STE 1
PONTE VEDRA BEACH, FL 32082**

Mailing Address
**% MAY MANAGEMENT SERVICES, INC
10036 SAWGRASS DR STE 1
PONTE VEDRA BEACH, FL 32082**

40019809



2. Principal Place of Business - No P.O. Box #

3. Mailing Address
5455 A1A South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01242007 Chg-NP CR2E037 (12/06)

City & State

City & State
St Augustine FL

4. FEI Number
59-2865376

Applied For
Not Applicable

Zip

Country

Zip
32080

Country

ST JOHNS

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAY MGMT SERVICES, INC
5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
MCIPHERSON, ANN
8022 PEBBLE CK LN E
PONTE VEDRA BEACH, FL 32082** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
McPherson, Ann
8022 Pebble Creek Lane E
Ponte Vedra Bch, FL 32082** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
MACK, SPENCER
8021 PEBBLE CREEK LANE E
PONTE VEDRA BEACH, FL 32082** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
Al Stevens
8039 Whisper Lake Lane W
Ponte Vedra Bch, FL 32082** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
HUCKLEROAD, TOM
8011 PEBBLE CK LN E
PONTE VEDRA BEACH, FL 32082** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
Tom Harkleroad
8011 Pebble Creek Lane E
Ponte Vedra Bch, FL 32082** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
COSTELLO, RAMONE
8016 PEBBLE CK LN E
PONTE VEDRA BEACH, FL 32082** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
Ramone Costello
8016 Pebble Creek Lane E
Ponte Vedra Bch, FL 32082** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
GOTLSCHULK, RAY
8001 WHISPER LAKE LN E
PONTE VEDRA BEACH, FL 32082** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIR
Gary Grove
8048 Whisper Lake Lane W
Ponte Vedra Bch, FL 32082** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 all other like empowered.

SIGNATURE:

Robert E. Stevens

2/10/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #