

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N34564

**FILED**  
**Mar 26, 2004**  
**Secretary of State****Entity Name:** SAWGRASS OF SANIBEL HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**SAWGRASS OF SANIBEL HOA, INC.  
P O BOX 582  
SANIBEL, FL 33957**New Principal Place of Business:**SAWGRASS OF SANIBEL HOA, INC.  
1633 PERIWINKLE WAY, SUITE A  
SANIBEL, FL 33957**Current Mailing Address:**SAWGRASS OF SANIBEL HOA, INC.  
P O BOX 582  
SANIBEL, FL 33957**New Mailing Address:**SAWGRASS OF SANIBEL HOA, INC.  
1633 PERIWINKLE WAY, SUITE A  
SANIBEL, FL 33957**FEI Number:****FEI Number Applied For ( )****FEI Number Not Applicable (X)****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**LOUWERS, THOMAS R MST  
1619 PERIWINKLE WAY  
SUITE 102  
SANIBEL, FL 33957 US**Name and Address of New Registered Agent:**MURTY, TIMOTHY J  
1633 PERIWINKLE WAY  
SUITE A  
SANIBEL, FL 33957 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: TIMOTHY J MURTY

03/26/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: PD ( ) Delete  
Name: HACKENBURG, GUENTER  
Address: 490 SAWGRASS PL  
City-St-Zip: SANIBEL, FL 33957Title: VPD ( ) Delete  
Name: WOEHL, GERHARD  
Address: 489 SAWGRASS PL  
City-St-Zip: SANIBEL, FL 33957Title: D ( ) Delete  
Name: WOEHL, CAROLINE  
Address: 490 SAWGRASS PL  
City-St-Zip: SANIBEL, FL 33957**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GUENTER HACKENBURG

PD

03/26/2004

Electronic Signature of Signing Officer or Director

Date