

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90276 001 ****61.25

DOCUMENT # N35744

1. Entity Name
**THE FALLS AT SAWGRASS VILLAGE CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**3103 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH, FL 32082**

Mailing Address
**3103 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH, FL 32082**

40070100



DO NOT WRITE IN THIS SPACE

04052007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-3033952

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CONNOLLY, C.P.
ASSOC. MGMT. OF PONTE VEDRA, INC.
3103 SAWGRASS VILLAGE CIR.
PONTE VEDRA BEACH, FL 32082**

**DO NOT WRITE
IN THIS SPACE**

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

C.P. Connolly *C.D. Gwozdz* *CHM*

4/5/07

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
WHEAT, FRED
144 N. ROSCOE BLVD
PONTE VEDRA BCH, FL 32082**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**STD
COFFEE, JAMES
3304 SAWGRASS VILLAGE DR.
PONTE VEDRA BEACH, FL 32082**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
HANA, RICHARD
3207 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH, FL 32082**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fred E. Wheat

Date

Daytime Phone #

4/5/07