2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2009
Secretary of State

DOCUMENT# N39976

Entity Name: THE POINTE AT SAWGRASS MILLS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

%MIAMI MGMT, INC
1145 SAWGRASS CORP. PKWY
SUNRISE, FL 33323 US

New Principal Place of Business:

Current Mailing Address:

%MIAMI MGMT, INC
1145 SAWGRASS CORP. PKWY
SUNRISE, FL 33323 US

New Mailing Address:

FEI Number: 65-0286359 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THE LAW OFFICES OF KATZMAN & KORR, P.A.
5581 WEST OAKLAND PARK BLVD.
SECOND FLOOR
LAUDERHILL, FL 33313 US

Name and Address of New Registered Agent:

THE LAW OFFICES OF KATZMAN & KORR, P.A.
1501 NW 49TH STREET
SUITE 202
FT. LAUDERDALE, FL 33309 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: _____ 02/09/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: MELTON, TAMMY
Address: 1145 SAWGRASS CORPORATION PARKWAY
City-St-Zip: SUNRISE, FL 33323

Title: TD ( ) Delete
Name: JIMENEZ, MANNY
Address: 1145 SAWGRASS CORPORATION PARKWAY
City-St-Zip: SUNRISE, FL 33323

Title: VD ( ) Delete
Name: WHITTEN, SCOTT
Address: 1145 SAWGRASS CORPORATION PARKWAY
City-St-Zip: SUNRISE, FL 33323

Title: PD ( ) Delete
Name: STROUD, WILLIAM
Address: 1145 SAWGRASS CORPORATION PARKWAY
City-St-Zip: SUNRISE, FL 33323

Title: D ( ) Delete
Name: VALDES, LEANNE
Address: 1145 SAWGRASS CORPORATION PARKWAY
City-St-Zip: SUNRSIE, FL 33323

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:

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 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: WILLIAM GREG STROUD PRES 02/09/2009
Electronic Signature of Signing Officer or Director — Date