

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-06-2006 90054 010 \*\*\*\*61.25

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<b>DOCUMENT # N96000002625</b> 1. Entity Name <b>SAWMILL LAKES MAINTENANCE ASSOCIATION, INC.</b>					
Principal Place of Business 10063 SAWGRASS DRIVE WEST #1 PONTE VEDRA BEACH, FL 32082			Mailing Address 10063 SAWGRASS DRIVE WEST #1 PONTE VEDRA BEACH, FL 32082		
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>59-3392080</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MAY MANAGEMENT SERVICE INC 5455 A1A SOUTH SAINT AUGUSTINE, FL 32080				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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</b> <b>Added to Fees</b>	
		<b>Make check payable to</b> <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENDER, ED		NAME	Joseph MAURO	
STREET ADDRESS	478 S MILL VIEW WAY		STREET ADDRESS	396 Mill View Way S	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		CITY-ST-ZIP	Ponte Vedra Bch. FL 32082	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, ANGELA		NAME		
STREET ADDRESS	376 MILL VIEW WAY S		STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	QUICK, LAUNA		NAME	Tom MORTA	
STREET ADDRESS	510 S MILL VIEW WAY		STREET ADDRESS	289 Mill View Way N	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		CITY-ST-ZIP	Ponte Vedra Bch. FL 32082	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIDDLE, HARRY		NAME	Joseph ANDRAOS	
STREET ADDRESS	705 LAKE STONE CIRCLE		STREET ADDRESS	437 Mill Chase Court W	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		CITY-ST-ZIP	Ponte Vedra Bch. - FL 32082	
TITLE	T	<input type="checkbox"/> Delete	TITLE		
NAME	REINHEIMER, THOMAS		NAME		
STREET ADDRESS	312 MILL CHASE COURT E		STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <i>Angela Diaz</i>			2/1/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			273-5917		
			Daytime Phone #		