

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90038 050 ****61.25

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DOCUMENT # N96000002625 1. Entity Name SAWMILL LAKES MAINTENANCE ASSOCIATION, INC.			
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 - No P.O. Box #		3. Mailing Address 5455 A1A South	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Saint Augustine, FL	
Zip		Zip 32080	
Country		Country	
4. FEI Number 59-3392080		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAY MANAGEMENT SERVICE INC 5455 A1A SOUTH SAINT AUGUSTINE, FL 32080		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 VP NAME BENDER, ED STREET ADDRESS 396 MIL VIEW WAY S CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082	<input checked="" type="checkbox"/> Delete	TITLE Vice President NAME Hal Hitch STREET ADDRESS 367 mill view way S CITY-ST-ZIP Ponte Vedra Bch, FL 32082	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE P NAME DIAZ, ANGELA STREET ADDRESS 376 MILL VIEW WAY S CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/> Delete	TITLE Director at large NAME Craig King STREET ADDRESS 337 mill view way S CITY-ST-ZIP Ponte Vedra Bch, FL 32082	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME MORTA, TOM STREET ADDRESS 289 MILL VIEW WAY N CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/> Delete	TITLE Secretary NAME Tom Murla STREET ADDRESS 289 mill view way N CITY-ST-ZIP Ponte Uedra Bch, FL 32082	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME ANDRNOS, JOSIAH STREET ADDRESS 437 MILL CHASE CT. W CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME REINHEIMER, THOMAS STREET ADDRESS 312 MILL CHASE COURT E CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:		Date 2-13-07 Daytime Phone # 904217239	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	