

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000349

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** SAWGRASS LAKES MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

298 SW PANTHER TRACE  
PORT SAINT LUCIE, FL 34953 US

**New Principal Place of Business:**

**Current Mailing Address:**

1111 SE FEDERAL HWY  
STE 100  
STUART, FL 34994 US

**New Mailing Address:**

**FEI Number:** 65-0833266

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROSS, DEBORAH L  
759 S FEDERAL WAY  
STE 212  
STUART, FL 34994 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: ANKAM, CHARLES  
Address: 1304 SW BAYSHORE BLVD  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: SD ( ) Delete  
Name: EIBLE, KATHY  
Address: 1304 SW BAYSHORE BLVD  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: TD ( ) Delete  
Name: KASSOF, ROBERT  
Address: 336 SW PANTHER TRACE  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: PD ( ) Delete  
Name: FORTE, EDWIN  
Address: 437 SW SUNDANCE TRAIL  
City-St-Zip: PORT SAINT LUCIE, FL 34953

**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:

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: EDWIN FORTE

PD

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date