

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000349

FILED  
Apr 09, 2012  
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:**

430 NW LAKE WHITNELY PLACE  
PORT SAINT LUCIE, FL 34986 US

**Current Mailing Address:**

1111 SE FEDERAL HWY  
STE 100  
STUART, FL 34994 US

**New Mailing Address:**

430 NW LAKE WHITNEY PLACE  
PORT ST LUCIE, FL 34986 US

**FEI Number:** 65-0833266

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WEBER, WILLIAM L  
430 NW LAKE WHITNEY PLACE  
PORT ST. LUCIE, FL 34986 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: PD  
Name: FORTE, EDWIN  
Address: 430 NW LAKE WHITNEY PLACE  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VPD  
Name: EIBLE, KATHY  
Address: 430 NW LAKE WHITNEY PLACE  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: TD  
Name: KASSOF, ROBERT  
Address: 430 NW LAKE WHITNEY PLACE  
City-St-Zip: PORT SAINT LUCIE, FL 34986

I hereby 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 all other like empowered.

SIGNATURE: EDWIN FORTE

PD

04/09/2012

Electronic Signature of Signing Officer or Director

Date