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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000006235

1. Corporation Name
SAWGRASS LAKES AT PALM BAY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O STEVEN L. PERRY 1 S.W. OSCEOLA ST., S-2 STUART FL 34995	C/O STEVEN L. PERRY 1 S.W. OSCEOLA ST., S-2 STUART FL 34995

2. Principal Place of Business	2a. Mailing Address
21 3315 Perimeter Rd	26 3315 Perimeter Rd
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Palm City Florida	28 City & State: Palm City Florida
24 Zip 34990 25 Country USA	29 Zip 34990 30 Country USA

3. Date Incorporated or Qualified: 10/30/1998

4. FEI Number: 65-0800085 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PERRY, STEVEN L 1 S.W. OSCEOLA ST., S-2 STUART FL 34994	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 2081 East Ocean Blvd 83 Second Floor 84 City Stuart FL 85 Zip Code 34996

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: SR Steven L. Perry, Esq 4/23/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVST	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	SOVEREL, MARK		1.2 NAME		
STREET ADDRESS	1 SW OSCEOLA ST., S-2		1.3 STREET ADDRESS	3315 Perimeter Rd	
CITY-ST-ZIP	STUART FL 34995		1.4 CITY-ST-ZIP	Palm City Florida 34990	
TITLE	D	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KIMMEL, LEE		2.2 NAME		
STREET ADDRESS	3680 SUGARHILL RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH FL 34994		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DALFO, CHRISTOPHER		3.2 NAME		
STREET ADDRESS	1 SW OSCEOLA ST., S-2		3.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34994		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	SOVEREL, MARK		4.2 NAME		
STREET ADDRESS	1 SW OSCEOLA ST., STE. 2		4.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34995		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME			5.2 NAME	Bret Soverel	
STREET ADDRESS			5.3 STREET ADDRESS	3315 Perimeter Rd	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Palm City Fla 34990	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/23/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)