

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006235

1. Entity Name

SAWGRASS LAKES AT PALM BAY ASSOCIATION, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90216 001 ****61.25

Principal Place of Business

Mailing Address

3315 PERIMETER RD
PALM CITY FL 34990
US

3315 PERIMETER RD
PALM CITY FL 34953-8206
US

2. Principal Place of Business

3. Mailing Address

298 SW Panther Trace

298 SW Panther Trace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Port St Lucie Fla

City & State
Port St Lucie Fla

Zip
34953

Zip
34953

Country

Country

4. FEI Number

65-0800085

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PERRY, STEVEN L
2081 EAST OCEAN BLVD
SECOND FLOOR
STUART FL 34996

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
SOVEREL, MARK
3315 PERIMETER RD
PALM BAY FL 34990 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
298 SW Panther Trace
Port St Lucie Fla 34953

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SOVEREL, BRET
3315 PERIMETER RD
PALM BAY FL 34990 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
298 SW Panther Trace
Port St Lucie Fla 34953

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SOVEREL, MARK
3315 PERIMETER RD
PALM BAY FL 34990 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
298 SW Panther Trace
Port St Lucie Fla 34953

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/00

561-579-1080

CR2E037 (9/99)