

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N99000000575

1. Entity Name
SAWGRASS EXCHANGE PROPERTY OWNER'S ASSOCIATION, INC.



FILED

07 JUL 30 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
100 W. CYPRESS CREEK ROAD
S. 910
FT LAUDERDALE, FL 33309

Mailing Address
953 UNIVERSITY DR
CORAL SPRINGS, FL 33071



2. Principal Place of Business - No P.O. Box #
11784 W. Sample Rd.
Suite, Apt. #, etc. #103

3. Mailing Address
11784 W. Sample Rd.
Suite, Apt. #, etc. #103

06132007 Chg-NP CR2E037 (12/06)

City & State
Coral Springs FL

Country
USA

4. FEI Number
65-1005929

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
WHITTLE, CINDY
953 UNIVERSITY DR
CORAL SPRINGS, FL 33071

7. Name and Address of New Registered Agent
Name
United Community Mgt. Corp.
Street Address (P.O. Box Number(s) Not Acceptable)
11784 West Sample Rd. #103
City
Coral Springs FL Zip
33065

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 Renie Kattarous V.P. Finance United Community Mgmt 7/26/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 NAME STREET ADDRESS CITY - ST - ZIP	PD PATEL, ASHOK 998 NW 9TH CT BOCA RATON, FL 33486 <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	VSD LAYSTROM, C. WILLIAM JR 1177 SE THIRD AVE FT LAUDERDALE, FL 33316 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Patel, Pujia <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 998 n.w. 9th Ct. Boca Raton, FL 33486
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANDREACCI, DANIEL 8649 NW 43RD COURT CORAL SPRINGS, FL 33065 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Patel, Virag <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 998 n.w. 9th Ct Boca Raton, FL 33486
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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 another like empowered.

SIGNATURE: Ashok Patel 7/25/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, DIRECTOR, OR OTHER LIKE EMPLOYED DATE Daytime Phone #