2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2005 8:00 am Secretary of State

DOCUMENT # N9900001116 1. Entity Name SAWGRASS HOMEOWNERS ASSOCIATION, INC.				05	-03-2005 90157 00	93 ****61.2	5	
Principal Place 4682 W HISE MELBOURNE	HCUS BLVD.	Mailing Address 1682 W HISBICUS BLVD. MELBOURNE; FL 32901	_		~~vu3t	id d		
161	lace of Business 7 COOLING AVE	3. Malling Address	le -					
Suite, Apt.		Suite, Apt. #, etc.	97		Chg-NP CR26	E037 (10/03)		
City & State	BOUNEN, FL.	City & State		4. FEI Number 59-35621	08	<u> </u>	plied For t Applicable	
Zip Country		Zio Country		5. Certificate of Status Desired S8.75 Additional Fee Required				
- 6. Name and Address of Current Registered Agent				-7. Name and Address of New Registered Agent				
	UGH M JR:		Name	dd (0.0 D 1) C.C.D.	And Annual reliab			
168 2 W HIBISCUS BLVD. MELB OURNE, FL 329 01			Sueer Ac	Street Address (P.O. Box No GP Mot Acceptable) 1617 COOLING AVE.				
	Λ			MELBOURNE	FI 72075			
	//		City		F	L Zip Code		
8. The above named entity submitted is 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 entity. SIGNATURE MALL SALES W 127/05								
	Signature, typed or printed name of egistered agent a	and title if applicable. (NOTE:	Registered Agent signatu	ine required when reinstating)	, DATI	E		
Filing Fee is \$61.25 Due by May 1, 2005 9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be		eck payable to partment of St		
				- 71000 10 1 000				
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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 is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 PRINTED WHILE OF SIGNATURE AND OTHER OF DIRECTOR CHARGO OFFICER OR CHRECTOR

APRIL 12,2005

751-7014

Daytime Phone #