

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-03-2005 90157 003 \*\*\*\*61.25

<b>DOCUMENT # N99000001116</b> 1. Entity Name <b>SAWGRASS HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <del>1682 W HIBISCUS BLVD.</del> <del>MELBOURNE, FL 32901</del>			Mailing Address <del>1682 W HIBISCUS BLVD.</del> <del>MELBOURNE, FL 32901</del>		
2. Principal Place of Business <b>1617 COOLING AVE</b> Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State <b>MELBOURNE, FL.</b>			City & State <b>MELBOURNE, FL.</b>		
Zip <b>32935</b>		Country		4. FEI Number <b>59-3562108</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>EVANS, HUGH M JR.</b> <b>1682 W HIBISCUS BLVD.</b> <b>MELBOURNE, FL 32901</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Not Acceptable) <b>1617 COOLING AVE.</b> <b>MELBOURNE, FL 32935</b> City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE <b>MARK JACKSON</b> <span style="float: right;">4/27/05</span> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, MICHAEL P 1682 W HIBISCUS BLVD. MELBOURNE, FL 32901	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JERRY L. SHIPP 1555 FIGS POINT DRIVE MELBOURNE, FL. 32940	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JELUS, TIMOTHY C 1682 W HIBISCUS BLVD. MELBOURNE, FL 32901	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ERIC ROEHL 1643 LONG PINE DRIVE MELBOURNE, FL. 32940	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHASIN, ROBERT C 1682 W HIBISCUS BLVD. MELBOURNE, FL 32901	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER DENNIS W. LAUGHLIN 1112 VESTAVIA CIRCLE MELBOURNE, FL. 32940	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY CATHY SPRATTE 1530 WILMINGTON DRIVE MELBOURNE, FL. 32940	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT SECRETARY JOHN HOULIHAN 1640 WILMINGTON DRIVE MELBOURNE, FL. 32940	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR BILL KLEIN 1371 CAPE SABLE DRIVE MELBOURNE, FL. 32940	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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.					
<b>SIGNATURE:</b> <b>JERRY L. SHIPP</b> <span style="float: right;">APRIL 12, 2005 751-7014</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					