2008 NOT-FOR-PROFIT CORPORATION

Mar 31, 2008 8:00 am ANNUAL REPORT Secretary of State DOCUMENT # N99000001116 03-31-2008 90030 037 ****61.25 SAWGRASS HOMEOWNERS ASSOCIATION, INC. Mailing Address Principal Place of Business y v v · C/O SPACE COAST PROPERTY MANAGMENT C/O SPACE COAST PROPERTY MANAGMENT 645 CLASSIC COURT SUITE #104 645 CLASSIC COURT SUITE #104 MELBOURNE, FL 32940 MELBOURNE, FL 32940 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072008 Chg-NP CR2E037 (12/06) 4. FEI Number 59-3562108 Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent... _ Name SPACE COAST PROPERTY MANAGEMENT 645 CLASSIC COURT SUITE 104 Street Address (P.O. Box Number is Not Acceptable) MELBOURNE, FL 32940 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Delete TITLE Mitch Bloom ☐ Change TITLEY BERK, DAN 1102 Vestavia Circle NAME ! NAME STREET ADDRESS 1561 WILMINGTON STREET ADDRESS CITY-ST-ZIP MELBOURNE, FL 32940 CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE SHIPP, JERRY NAME NAME STREET ADDRESS 1555 FICUS PT DRIVE STREET ADDRESS MELBOURNE, FL 32940 CITY-ST-ZIP CITY - ST - 7IP Delete ☐ Change Addition TITLE TITLE LAUGHLIN, DENNIS W NAME NAME 1112 VESTAVIA CIRCLE STREET ADDRESS STREET ADDRESS MELBOURNE, FL 32940 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition FRAVEL, JOHN NAME NAME 4650 PORTAGE TR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MELBOURNE, FL 32940 CITY-ST-ZIP TITLE ☐ Deleie TITLE Change ☐ Addition DOUCET, LOU NAME NAME 1814 FICUS PT DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MELBOURNE, FL 32940 **y** i) ☐ Delete TITLE ☐ Change ■ Addition TITLE PALLONE, RALPH NAME NAME 1914 FICUS PT DRIVE STREET ADDRESS STREET ADDRESS

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 all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

MELBOURNE, FL 32940

ATURE AND THE OR PRINTED NAME OF SI R OR DIRECTOR

Daytime Phone

FILED