2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2008
Secretary of State

DOCUMENT# N99000007413

Entity Name: SAWGRASS OF SEMINOLE COUNTY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

301 SAWYERWOOD PL
OVIEDO, FL 327656632

New Principal Place of Business:

Current Mailing Address:

301 SAWYERWOOD PL
OVIEDO, FL 327656632

New Mailing Address:

FEI Number: 59-3614256 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HAVENS, TRACEY
228 SAWYERWOOD PLACE
OVIEDO, FL 327656632 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: ACOSTA, ELIOT
Address: 169 SAWYERWOOD PLACE
City-St-Zip: OVIEDO, FL 32765

Title: DVP ( ) Delete
Name: RODRIGUEZ, DAVID
Address: 173 SAWYERWOOD PLACE
City-St-Zip: OVIEDO, FL 32765

Title: DT ( ) Delete
Name: HAVENS, TRACEY
Address: 228 SAWYERWOOD PLACE
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: GOODWIN, SUSAN
Address: 181 SAWYERWOOD PLACE
City-St-Zip: OVIEDO, FL 32765

Title: DVP (X) Change ( ) Addition
Name: TROTTER, THOMAS
Address: 225 SAWYERWOOD PLACE
City-St-Zip: OVIEDO, FL 32765

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRACEY HAVENS DT 07/27/2008

Electronic Signature of Signing Officer or Director — Date