

2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000007413

FILED
Feb 01, 2011
Secretary of State

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

Current Principal Place of Business:

2180 WEST SR. 434, STE. 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

Current Mailing Address:

2180 WEST SR. 434, STE. 5000
LONGWOOD, FL 327795044

New Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

FEI Number: 59-3614256

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAVENS, TRACEY
228 SAWYERWOOD PLACE
OVIEDO, FL 327656632 US

Name and Address of New Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 US

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: JAMES W HART JR

02/01/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: GOODWIN, SUSAN
Address: 2180 WEST SR 434 SUITE 5000
City-St-Zip: LONGWOOD, FL 32779

Title: VPD
Name: TROTTER, THOMAS
Address: 2180 WEST SR 434 SUITE 5000
City-St-Zip: LONGWOOD, FL 32779

Title: TSD
Name: HAVENS, TRACEY
Address: 2180 WEST SR 434 SUITE 5000
City-St-Zip: LONGWOOD, FL 32779

I hereby 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 all other like empowered.

SIGNATURE: SUSAN GOODWIN

PD

02/01/2011

Electronic Signature of Signing Officer or Director

Date