

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2007 08:00 A
Secretary of State

DOCUMENT # P00000039690

1. Entity Name
SAWGRASS GATEWAY CENTER, INC.



Principal Place of Business
300 SE 2ND STREET
FORT LAUDERDALE, FL 33301

Mailing Address
300 SE 2ND STREET
FORT LAUDERDALE, FL 33301



01112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1003480

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

JONES, PATRICIA
C/O STILES CORP
300 SE 2ND STREET
FORT LAUDERDALE, FL 33301

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DP
NAME STILES, TERRY W
STREET ADDRESS 300 SE 2ND STREET
CITY-ST-ZIP FORT LAUDERDALE, FL 33301

TITLE V
NAME EAGON, DOUGLAS P
STREET ADDRESS 300 SE 2ND STREET
CITY-ST-ZIP FORT LAUDERDALE, FL 33301

TITLE VS
NAME JONES, PATRICIA
STREET ADDRESS 300 SE 2ND STREET
CITY-ST-ZIP FORT LAUDERDALE, FL 33301

TITLE V
NAME O'SHEA, DENNIS F
STREET ADDRESS 300 SE 2ND STREET
CITY-ST-ZIP FORT LAUDERDALE, FL 33301

TITLE V
NAME FERRERA, ROCCO
STREET ADDRESS 300 SE 2ND STREET
CITY-ST-ZIP FORT LAUDERDALE, FL 33301

TITLE V
NAME STINE, JAMES W
STREET ADDRESS 300 SE 2ND STREET
CITY-ST-ZIP FORT LAUDERDALE, FL 33301

U000000727881
05/04/07-80066-007 150.00

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IN THIS SPACE**

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 607, 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Terry W. Stiles

4/10/07

Date

954-627-9300

Daytime Phone #