


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000106346 (4)**

1. Corporation Name

SAWGRASS LAKES OF PALM BAY, INC.



Principal Place of Business

Mailing Address

**1 S.W. OSCEOLA ST. STE. 2
STUART FL 34994**

**1 S.W. OSCEOLA ST. STE. 2
STUART FL 34994**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/18/1997

4. FEI Number

65-0800085

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 3315 Perimeter Road
Suite, Apt. #, etc.

26 3315 Perimeter Road
Suite, Apt. #, etc.

22
City & State

27
City & State

23 Palm City, FL
Zip Country

28 Palm City, FL
Zip Country

24 34990

25 US

29 34990

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST.
STE. 1
TALLAHASSEE FL 32301**

81 Name

Steven L. Perry

82 Street Address (P.O. Box Number is Not Acceptable)

1 SW Osceola Street, Suite 2

83

84 City

Stuart

FL

85 Zip Code

34994

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Steven L. Perry

4-2-98

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **PERRY, STEVEN H**
STREET ADDRESS **1 S.W. OSCEOLA ST. STE. 2**
CITY-ST-ZIP **STUART FL 34994**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **D/P/VP/S/T**
1.3 STREET ADDRESS **SOVEREL, MARK**
1.4 CITY-ST-ZIP **3315 PERIMETER ROAD**
PALM CITY, FL 34990 ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Steven L. Perry

4/2/98

CR2E034 (10/97)