# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 27, 2009**
**Secretary of State**

DOCUMENT# V14662

**Entity Name:** THE STABLE AT SAWGRASS, INC.

**Current Principal Place of Business:**

4185 CORBIN RD
ST AUGUSTINE, FL 32092

**New Principal Place of Business:**

**Current Mailing Address:**

4185 CORBIN RD
ST AUGUSTINE, FL 32092

**New Mailing Address:**

**FEI Number: 59-3105849** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCDONALD, JUNE E
4185 CORBIN RD
ST AUGUSTINE, FL 32092 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: MCDONALD, JUNE
Address: 4185 CORBIN RD
City-St-Zip: ST AUGUSTINE, FL 32092

Title: VS ( ) Delete
Name: MCDONALD, LAURA
Address: 510 4TH STREET SOUTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: M ( ) Delete
Name: LINZY, JEFFERY
Address: 4185 CORBIN ROAD
City-St-Zip: ST. AUGUSTINE, FL 32092

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VS (X) Change ( ) Addition
Name: MCDONALD, LAURA
Address: 116 11TH AVE. SOUTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUNE MCDONALD MRS. 04/27/2009

Electronic Signature of Signing Officer or Director — Date