

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011461

Entity Name: SAWGRASS VILLAGE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**6972 LAKE GLORIA BLVD
ORLANDO, FL 32809**Current Mailing Address:**6972 LAKE GLORIA BLVD
ORLANDO, FL 32809 US**FEI Number:** 20-2708935**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LELAND MGMT
6972 LAKE GLORIA BLVD
ORLANDO, FL 32809 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	GERICKE, FRED
Address	6972 LAKE GLORIA BLVD
City-State-Zip:	ORLANDO FL 32809

Title	SECRETARY
Name	O'SHEA, JOHN L
Address	6972 LAKE GLORIA BLVD
City-State-Zip:	ORLANDO FL 32809

Title	VP
Name	MEYERS, JEROME
Address	6972 LAKE GLORIA BLVD
City-State-Zip:	ORLANDO FL 32809

Title	DIRECTOR
Name	ROMOLA, DENISE
Address	6972 LAKE GLORIA BLVD
City-State-Zip:	ORLANDO FL 32809

Title	DIRECTOR
Name	FORDE, DWIGHT
Address	6972 LAKE GLORIA BLVD
City-State-Zip:	ORLAND FL 32809

Title	DIRECTOR
Name	NGUYEN, MINH
Address	6972 LAKE GLORIA BLVD
City-State-Zip:	ORLANDO FL 32809

Title	DIRECTOR
Name	REYNOLDS, BRITNI
Address	6972 LAKE GLORIA BLVD
City-State-Zip:	ORLANDO FL 32809

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: FRED GERICKE

PRESIDENT

04/25/2018

Electronic Signature of Signing Officer/Director Detail_____
Date