

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011461

Entity Name: SAWGRASS VILLAGE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**7300 PARK ST.
SEMINOLE, FL 33777**Current Mailing Address:**C/O RESOURCE PROPERTY MANAGEMENT
7300 PARK ST.
SEMINOLE, FL 33777 US**FEI Number:** 20-2708935**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GLAUSIER KNIGHT JONES
400 N ASHLEY DR
SUITE 2020
TAMPA, FL 33602 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:** ALEXANDRIA PEARSON

04/18/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name PEARSON, ALEXANDRA
Address C/O RESOURCE PROPERTY
 MANAGEMENT
 7300 PARK ST.
City-State-Zip: SEMINOLE FL 33777

Title VP
Name WOMACK, SUSAN
Address C/O RESOURCE PROPERTY
 MANAGEMENT
 7300 PARK ST.
City-State-Zip: SEMINOLE FL 33777

Title TREASURER
Name DEAN, BERNADETTE E.
Address C/O RESOURCE PROPERTY
 MANAGEMENT
 7300 PARK ST.
City-State-Zip: SEMINOLE FL 33777

Title SECRETARY
Name TESOURO, GISELLE
Address C/O RESOURCE PROPERTY
 MANAGEMENT
 7300 PARK ST.
City-State-Zip: SEMINOLE FL 33777

Title DIRECTOR
Name LOEHNER, JAKE
Address C/O RESOURCE PROPERTY
 MANAGEMENT
 7300 PARK STREET
City-State-Zip: SEMINOLE FL 33777

Title DIRECTOR
Name SCHRAM, MICHAEL
Address C/O RESOURCE PROPERTY
 MANAGEMENT
 7300 PARK STREET
City-State-Zip: SEMINOLE FL 33777

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: ALEXANDRIA PEARSON

PRESIDENT

04/18/2025

Electronic Signature of Signing Officer/Director Detail

Date