

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011461

Entity Name: SAWGRASS VILLAGE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**9887 4TH STREET NORTH
SUITE 104
SAINT PETERSBURG, FL 33702**Current Mailing Address:**C/O ASSOCIA GULF COAST
9887 4TH STREET NORTH SUITE 104
SAINT PETERSBURG, FL 33702 US**FEI Number:** 20-2708935**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ASSOCIA GULF COAST
9887 4TH STREET NORTH
SUITE 104
SAINT PETERSBURG, FL 33702 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:** JOHN HENSLEY

02/08/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	PEARSON, ALEXANDRA
Address	C/O ASSOCIA GULF COAST 9887 4TH STREET NORTH SUITE 104
City-State-Zip:	SAINT PETERSBURG FL 33702
Title	TREASURER
Name	DEAN, BERNADETTE E.
Address	C/O ASSOCIA GULF COAST 9887 4TH STREET NORTH SUITE 104
City-State-Zip:	SAINT PETERSBURG FL 33702

Title	VP
Name	HECKNER, JENNIFER
Address	C/O ASSOCIA GULF COAST 9887 4TH STREET NORTH SUITE 104
City-State-Zip:	SAINT PETERSBURG FL 33702
Title	SECRETARY
Name	TESOURO, GISELLE
Address	C/O ASSOCIA GULF COAST 9887 4TH STREET NORTH SUITE 104
City-State-Zip:	SAINT PETERSBURG FL 33702

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: ALEXANDRA PEARSON

PRESIDENT

02/08/2022

Electronic Signature of Signing Officer/Director Detail

Date