

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011159

Entity Name: SAWGRASS BUSINESS CENTER CONDOMINIUM
ASSOCIATION, INC.**Current Principal Place of Business:**738 COLORADO AVE.
STUART, FL 34994**Current Mailing Address:**738 COLORADO AVE
STUART, FL 34994**FEI Number: 20-5831504****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SIGNATURE PROPERTY MANAGEMENT, INC
738 COLORADO AVE.
STUART, FL 34994 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	SD
Name	GOZDZ, NICOLE
Address	1235 SE INDIAN ST, #103
City-State-Zip:	STUART FL 34886

Title	VPD
Name	ECKSTROM, MARK
Address	2690 SE WILLOUGHBY BLVD
City-State-Zip:	STUART FL 34994

Title	TD
Name	RALICKI, DAVID
Address	1235 SE INDIAN ST, 102
City-State-Zip:	STUART FL 34886

Title	PD
Name	ZINDERMAN, GARY
Address	1233 SE INDIAN ST, 101
City-State-Zip:	STUART FL 34886

Title	D
Name	DELATTRE, TOM
Address	1239 SE INDIAN ST, 106
City-State-Zip:	STUART FL 34886

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: NICOLE GOZDZ**SECRETARY****03/28/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date