## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011159

Entity Name: SAWGRASS BUSINESS CENTER CONDOMINIUM

ASSOCIATION, INC.

FILED
Apr 22, 2024
Secretary of State
4113456388CC

## **Current Principal Place of Business:**

C/O COASTAL PROPERTY MANAGEMENT 10 SE CENTRAL PARKWAY SUITE 400 STUART, FL 34994

## **Current Mailing Address:**

C/O COASTAL PROPERTY MANAGEMENT 10 SE CENTRAL PARKWAY SUITE 400 STUART, FL 34994 US

FEI Number: 20-5831504 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

BECKER AND POLIAKOFF, P.A. 1 EAST BROWARD BLVD #1800 FORT LAUDERDALE, FL 33301 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: JANINE LANDOLINA 04/22/2024

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT Title VP

Name RALICKI, DAVID Name PADDEN, DAVID

Address C/O COASTAL PROPERTY Address C/O COASTAL PROPERTY

MANAGEMENT MANAGEMENT

10 SE CENTRAL PARKWAY SUITE 400 10 SE CENTRAL PARKWAY SUITE 400

City-State-Zip: STUART FL 34994 City-State-Zip: STUART FL 34994

TitleVPTitleTREASURERNameECKSTROM, MARKNamePINDER, SINDI

Address C/O COASTAL PROPERTY Address C/O COASTAL PROPERTY

MANAGEMENT MANAGEMENT

10 SE CENTRAL PARKWAY SUITE 400 10 SE CENTRAL PARKWAY SUITE 400

City-State-Zip: STUART FL 34994 City-State-Zip: STUART FL 34994

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.