

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011159

Entity Name: SAWGRASS BUSINESS CENTER CONDOMINIUM
ASSOCIATION, INC.

Current Principal Place of Business:

459 NW PRIMA VISTA BLVD.
PORT SAINT LUCIE, FL 34983

Current Mailing Address:

459 NW PRIMA VISTA BLVD.
PORT SAINT LUCIE, FL 34983 US

FEI Number: 20-5831504

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SIGNATURE PROPERTY MANAGEMENT, INC
459 NW PRIMA VISTA BLVD.
PORT SAINT LUCIE, FL 34983 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 PADDEN, DAVID
Address 459 NW PRIMA VISTA BLVD.
City-State-Zip: PORT SAINT LUCIE FL 34983

Title TREASURER
Name RALICKI, DAVID
Address 459 NW PRIMA VISTA BLVD.
City-State-Zip: PORT SAINT LUCIE FL 34983

Title SECRETARY
Name WHITE, TEMPLE
Address 459 NW PRIMA VISTA BLVD.
City-State-Zip: PORT SAINT LUCIE FL 34983

Title DIRECTOR
Name ECKSTROM, MARK
Address 459 NW PRIMA VISTA BLVD.
City-State-Zip: PORT SAINT LUCIE FL 34983

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: DAVID PADDEN

PRESIDENT

04/05/2019

Electronic Signature of Signing Officer/Director Detail

Date