

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000008549

**Entity Name:** SAWMILL RESORT HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

21710 US HIGHWAY 98  
DADE CITY, FL 33523

**Current Mailing Address:**

PO BOX 808  
TRILBY, FL 33593

**FEI Number: 27-3447960**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KORP, WILLIAM R  
2 NORTH TAMiami TRAIL, SUITE 500  
SARASOTA, FL 34236 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 P  
Name MCKENNEY, RANDY  
Address 21710 US HWY 98 #808  
City-State-Zip: DADE CITY FL 33523

Title S  
Name FULWOOD, CHAD  
Address 21710 US HWY 98  
City-State-Zip: DADE CITY FL 33523

Title T  
Name NICKOLSON, JIMMY  
Address 21710 US HWY 98 #721  
City-State-Zip: DADE CITY FL 33523

Title V  
Name GRAVES, LARRY JR  
Address 21710 US HWY 98 #799  
City-State-Zip: DADE CITY FL 33523

*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: RANDY MCKENNEY**

**PRESIDENT**

**03/31/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date