

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000005631

**Entity Name:** SAWGRASS PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

101 WEST ELM STREET  
SUITE 600  
CONSHOHOCKEN, PA 19428

**Current Mailing Address:**

101 WEST ELM STREET  
SUITE 600  
CONSHOHOCKEN, PA 19428 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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, DIRECTOR  
Name            WEBER, TIMOTHY J.  
Address        101 WEST ELM STREET  
                  SUITE 600  
City-State-Zip: CONSHOHOCKEN PA 19428

Title            VP, DIRECTOR  
Name            BORRELLI, JASON A.  
Address        101 WEST ELM STREET  
                  SUITE 600  
City-State-Zip: CONSHOHOCKEN PA 19428

Title            SECRETARY, DIRECTOR  
Name            HONESTY, JASON A.  
Address        101 WEST ELM STREET  
                  SUITE 600  
City-State-Zip: CONSHOHOCKEN PA 19428

*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:** TIMOTHY J. WEBER

**PRESIDENT**

**04/27/2021**

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

\_\_\_\_\_  
Date