

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000001116

**Entity Name:** SAWGRASS HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**928 E NEW HAVEN AVE  
MELBOURNE, FL 32901**Current Mailing Address:**928 E NEW HAVEN AVE  
MELBOURNE, FL 32901 US**FEI Number: 59-3562108****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SPACE COAST PROPERTY MANAGEMENT OF BREVARD  
928 E NEW HAVEN AVE  
MELBOURNE, FL 32901 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	SPINELLI, VITO
Address	928 E NEW HAVEN AVE
City-State-Zip:	MELBOURNE FL 32901

Title	TREASURER
Name	DRAGO, JOE
Address	928 E NEW HAVEN AVE
City-State-Zip:	MELBOURNE FL 32901

Title	DAL
Name	MARTIN, BRIAN
Address	928 E NEW HAVEN AVE
City-State-Zip:	MELBOURNE FL 32901

Title	SECRETARY
Name	CARNEY, MICHAEL
Address	928 E NEW HAVEN AVE
City-State-Zip:	MELBOURNE FL 32901

Title	DAL
Name	CALDER, BRETT
Address	928 E NEW HAVEN AVE
City-State-Zip:	MELBOURNE FL 32901

Title	VP
Name	HARGROVE, LINDA
Address	928 E NEW HAVEN AVE
City-State-Zip:	MELBOURNE FL 32901

Title	DIRECTOR
Name	JOHNSON, KEVIN
Address	928 E NEW HAVEN AVE
City-State-Zip:	MELBOURNE FL 32901

*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: JOE DRAGO****TREASURER****03/19/2025**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date