

1.) CORPORATION NAME:

**SAWGRASS CONDOMINIUM ASSOCIATION**

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**SARAH R PALAMARA  
SARAH R PALAMARA ATTY PLLC  
15064 CARROLLTON BLVD STE H**

SCC ID NO: **02664050**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**CARROLLTON, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ISLE OF WIGHT COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4605 PEMBROKE LAKE CIR  
SUITE 302

CITY/ST/ZIP: VIRGINIA BEACH, VA 23455

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	KIM EDWARDS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	4605 PEMBROKE LAKE CIR SUITE 302		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23455		

NAME:	BROOKE BRIGGS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	4605 PEMBROKE LAKE CIR SUITE 302		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23455		

NAME:	BRENDA SHAFFER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	4605 PEMBROKE LAKE CIR SUITE 302		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23455		

NAME:	MIKE REPA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4605 PEMBROKE LAKE CIR SUITE 302		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23455		

NAME:	FAYE OWENS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4605 PEMBROKE LAKE CIR SUITE 302		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23455		

NAME: ERLINDA ROSARIO TITLE: DIRECTOR ADDRESS: 4605 PEMBROKE LAKE CIR SUITE 302 CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23455	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: CHRIS PORTER TITLE: DIRECTOR ADDRESS: 4605 PEMBROKE LAKE CIR SUITE 302 CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23455	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: CLIFF BELL TITLE: DIRECTOR ADDRESS: 4605 PEMBROKE LAKE CIR SUITE 302 CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23455	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: GREG LaCOUNT TITLE: DIRECTOR ADDRESS: 4605 PEMBROKE LAKE CIR SUITE 302 CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23455	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ KIM EDWARDS	KIM EDWARDS, PRESIDENT	2/13/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		