

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 753818

1. Entity Name

SAWGRASS VILLAGE I HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

4396 ACACIA CIRCLE
COCONUT CREEK FL 33066

Mailing Address

4396 ACACIA CIRCLE
COCONUT CREEK FL 33066-2052

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2035584

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POLIAKOFF, GARY A., ESQ.
3111 STIRLING ROAD
FT. LAUDERDALE FL 33130

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROSNER, ELI	
STREET ADDRESS	4413 CORDIA CIR	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	PLINER, CHARLES	
STREET ADDRESS	4477 CORDIA CIR	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMERANO, NICK	
STREET ADDRESS	4281 ACACIA CIRCLE	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	GOLDSMITH, ARLENE	
STREET ADDRESS	4396 ACACIA CIRCLE	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROSENSTEIN, FLEDA	
STREET ADDRESS	4492 CORDIA CIRCLE	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	HEFT, CHARLES	
STREET ADDRESS	4269 ACACIA CIR	
CITY-ST-ZIP	COCONUT CREEK FL	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARVIN MARCUS	
STREET ADDRESS	4295 ACACIA CIR	
CITY-ST-ZIP	COCONUT CREEK, FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEE ROLNICK	
STREET ADDRESS	4368 ACACIA CIR	
CITY-ST-ZIP	COCONUT CREEK, FL.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90071 023 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)