

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90652 049 \*\*\*\*61.25

**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**

**34051004**



**MOORE CR2E037 (11/03)**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

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  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARCUS, MARVIN	
STREET ADDRESS	4295 ACACIA CIR	
CITY - ST - ZIP	COCONUT CREEK FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WEINBERG, MARY	
STREET ADDRESS	4373 ACACIA CIR	
CITY - ST - ZIP	COCONUT CREEK FL 33066	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CAMERANO, NICK	
STREET ADDRESS	4281 ACACIA CIRCLE	
CITY - ST - ZIP	COCONUT CREEK FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ANGEL, BEVERLY	
STREET ADDRESS	4281 ANGELS CIR	
CITY - ST - ZIP	OPA LOCKA FL 33056	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEBELL, DAVID	
STREET ADDRESS	4516 CORDIA CIR	
CITY - ST - ZIP	COCONUT CREEK FL 33066	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HEFT, CHARLES	
STREET ADDRESS	4269 ACACIA CIR	
CITY - ST - ZIP	COCONUT CREEK FL	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDWIN BOBBERT	
STREET ADDRESS	4342 ACACIA CIR	
CITY - ST - ZIP	COCONUT CREEK FL 33066	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOU AXELROD	
STREET ADDRESS	4294 ACACIA CIR	
CITY - ST - ZIP	COCONUT CREEK FL 33066	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONICE BARONICK	
STREET ADDRESS	4502 CORDIA CIR	
CITY - ST - ZIP	COCONUT CREEK FL 33066	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES EICHENBAUM	
STREET ADDRESS	4420 CORDIA CIR	
CITY - ST - ZIP	COCONUT CREEK FL 33066	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEAN HANGRAVE	
STREET ADDRESS	4350 ACACIA CIR	
CITY - ST - ZIP	COCONUT CREEK FL 33066	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	C. ROBERT KOWAL	
STREET ADDRESS	4299 ACACIA CIR	
CITY - ST - ZIP	COCONUT CREEK FL 33066	

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:** Edwin Bobbert **EDWIN BOBBERT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 8 2004 **954-979-5024**  
Date Daytime Phone #