

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90323 016 \*\*\*\*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**

**14000685**



1st MOORE CR2E037 (10/04)

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

**POEDAROFF, GARY A., ESQ.  
311 POTTERING ROAD  
FT. LAUDERDALE FL 33120**

7. Name and Address of New Registered Agent

Naming **BROUGH CHADROW & LEVINE P.A.**

Street Address (P.O./Box Number is Not Acceptable)  
**1900 North Commerce Parkway**

City **Weston**

**FL**

Zip Code  
**33326**

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

**Scott J. Leane, Esq. for Brough, Chadrow & Levine 4/21/05**

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

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

TITLE **P** ☐ Delete  
NAME **BORGERT, EDWIN EDWIN**  
STREET ADDRESS **4342 ACACIA CIR**  
CITY-ST-ZIP **POMPANO BEACH FL 33066 COCONUT CREEK**

TITLE **VP** ☒ Delete  
NAME **AXELROO, LOU**  
STREET ADDRESS **4294 ACACIA CIR**  
CITY-ST-ZIP **COCONUT CREEK FL 33066**

TITLE **P** ☐ Delete  
NAME **BARONICK, DORICE**  
STREET ADDRESS **4504 CORDIA CIR**  
CITY-ST-ZIP **COCONUT CREEK FL**

TITLE **D** ☐ Delete  
NAME **EICHENBAUM, CHARLES**  
STREET ADDRESS **4420 CORDIA CIR**  
CITY-ST-ZIP **COCONUT CREEK FL 33066**

TITLE ☒ Delete  
NAME **HARGRAVE, JEAN**  
STREET ADDRESS **4350 ACACIA CIR**  
CITY-ST-ZIP **COCONUT CREEK FL 33066**

TITLE **D** ☒ Delete  
NAME **KOWAL, C. ROBERT**  
STREET ADDRESS **4299 ACACIA CIR**  
CITY-ST-ZIP **COCONUT CREEK FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S** ☐ Change ☒ Addition  
NAME **NANCY BROWN**  
STREET ADDRESS **4441 CORDIA CIR**  
CITY-ST-ZIP **COCONUT CREEK, FL 33066**

TITLE **D** ☐ Change ☒ Addition  
NAME **CHARLES GIBSON**  
STREET ADDRESS **4338 ACACIA CIRCLE**  
CITY-ST-ZIP **COCONUT CREEK, FL 33066**

TITLE **T** ☐ Change ☒ Addition  
NAME **ARLANE GOLOSMITH**  
STREET ADDRESS **4346 ACACIA CIRCLE**  
CITY-ST-ZIP **COCONUT CREEK FL 33066**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**Edwin Borgert**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 15, 2005**

Date

**954 979-5024**

Daytime Phone #