

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2007 08:00 AM
Secretary of State

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**

2. Principal Place of Business - No P.O. Box #

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**

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

**BROUGH, CHADROW & LEVINE, PA
1900 N COMMERCE PKWY
WESTON FL 33326**

7. Name and Address of New Registered Agent

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 (not applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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	<input type="checkbox"/> Delete
NAME	BORGERT, EDWIN	
STREET ADDRESS	4342 ACACIA CIR	
CITY-STATE-ZIP	COCONUT CREEK FL 33066	
TITLE	S	<input type="checkbox"/> Delete
NAME	BROWN, NANCY	
STREET ADDRESS	441 CARDIA CIR	
CITY-STATE-ZIP	COCONUT CREEK FL 33066	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NELSON, EDWARD	
STREET ADDRESS	4360 ACACIA CIRCLE	
CITY-STATE-ZIP	COCONUT CREEK FL 33066	
TITLE	D	<input type="checkbox"/> Delete
NAME	PALUMBO, BEVERLY	
STREET ADDRESS	4472 COROLA CIRCLE	
CITY-STATE-ZIP	COCONUT CREEK FL 33066	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIBSON, CHARLES	
STREET ADDRESS	4338 ACACIA CIR	
CITY-STATE-ZIP	COCONUT CREEK FL 33066	
TITLE	T	<input type="checkbox"/> Delete
NAME	GOLDSMITH, ARLANE	
STREET ADDRESS	4346 ACACIA CIR	
CITY-STATE-ZIP	COCONUT CREEK FL 33066	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: ARLENE GOLDSMITH, TREASURER

3/15/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #