FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 31, 1999 8:00 am Secretary of State

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| | _ | | | | |

1. Corporation Name

SAWGRASS INTERNATIONAL CORPORATE PARK ASSOCIATION, INC.

Principal Place of Business 6400 N. ANDREWS AVE. FT. LAUDERDALE FL 33309 Mailing Address

6400 N. ANDREWS AVE.

4TH FLOOR FT. LAUDERDALE FL 33309

FJ. DAQUENDALE FI

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411001 - 90001 - 9

| _ | 2. Principal Place of Business | | | 2a. Mailing Address | | | 3. | 3. Date Incorporated or Qualifed 03/05/1987 | | | | | | |
|--|------------------------------------|---|--------------|---------------------------------|---------------|--|---|---|-----------|---------------------------------------|-------------------|----------------|---------------|--|
| 21 | Cuite Ant : | # | 26 | Suite, Apt. #, etc. | - | | | 4. | FEI Nur | | | | pplied For | |
| | Suite, Apt. i | #, etc. | h-1 | • | | | | | | 43186 | | | ot Applicable | |
| 22 | City & State | | 27 | City & State | | | | | | | | | Additional | |
| 23 | City & State | | 28 | Only a Oldio | | | | 5. | Certifca | te of Status Desire | d 🗋 | | equired | |
| 23 | Zip | Country | 20 | Zip | Cou | intry | | 6. | Flection | Campaign Financ | ina _ | \$5.00 | May Be | |
| 24 | | 25 | 29 | • | 30 | - | | | | und Contribution | "' ⁹ 🗆 | • | to Fees | |
| 24 | | 100 | abla | | 10. | Name a | and Address of No | w Registered | Agent | | | | | |
| Name and Address of Current Registered Agent | | | | | | 81 | Name | | | | | | | |
| DINE DOVAN | | | | | | De la contraction de la contra | | | | | | | | |
| • | DUKE, BRYAN C/O STILES CORPORATION | | | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| ŀ | | | | | | 83 | | | | | | | | |
| ĺ | | NDREWS AVE | | | | Ц | | | | | | | | |
| 1 | F1. LAUDE | ERDALE FL 33309 | | | | 84 | City | FL 85 Zip Code | | | | | Code | |
| - 4-2 | | to the provisions of Sections 617.05 | 00 6 | 47 1E09 Elecido Statu | ton the a | <u> </u> | -named c | omoratio | n submit | s this statement for | the numose o | f changing it: | s registered | |
| 11 | | aniatored anost or both in the State | of Floria | ta. Such change was a | えいけわのじきかん | ועמו | ine comor | ation's b | oard of d | irectors. I hereby a | ccept the appo | ointment as n | egistered | |
| | agent. I ar | m familiar with, and accept the oblig | ations of | , Section 617.0503, Fk | orida Stat | utes. | • | | | | | | | |
| s | IGNATURE | | | | | | | | | | DATE | | | |
| L. | | Signature, typed or printed name of registered ag | | · · · · · · · · · · · · · · · · | E: Registered | Agen | t signature rec | | | NS/CHANGES TO | _,,,_ | ND DIRECT | ORS IN 12 | |
| 12 | | OFFICERS A | ND DIRE | DELETE | 1.1 T | | | | ADDITIO | 710/01/11/02/01/0 | OTTIOE NO 7 | ☐ Change | ☐ Addition | |
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| N.A | WE | BURTON, MEL | | | 2.2 N | | 1 | | | | | | | |
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| çr | TY-ST-ZIP | FT LAUDERDALE FL 33309 | | | 2.40 | TY-S | T-ZIP | | | | | F101 | T Addition | |
| m | ΠE | Т | | DELETE | 3.1 ∏ | MLE | j | TD | | | | Change | Addition | |
| N/A | WE . | COFFEY, KEVIN | | • | 3.2 N | AME | | Sti | les, | Tresa | | | | |
| ST | REET ADDRESS | 6400 N. ANDREWS AVE., 4TH | FLOOF | ₹ | 3.3 \$ | TREET | ADDRESS | 640 | 0 N. | Andrews | Avenu | e 4th | FLoor | |
| СП | TY-ST-ZIP | FT. LAUDERDALE FL 33309 | | | 3.4. 0 | HY-S | T-ZIP | | | derdale, | | 33309 | | |
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| N/ | WE | FRENCH, JACKIE | | <i>,</i> ` | 5.2 N | AME | | Gon | zale | z, Manny | • | | | |
| | REET ADDRESS | 6400 N. ANDREWS AVE, 4TH | FLOOR | } | 5.3 S | TREE | TADDRESS | | | Andrews | | 4th F | loor | |
| | TY-ST-ZIP | FT. LAUDERDALE FL 33309 | | • | 5.4 C | ITY-\$ | T-ZIP | | | derdale, | | 3309 | | |
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| เรา | REET ADDRESS | | | | Ţ.U U | | | | | | | | | |

64 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, open an attachment with an address, with all other like empowered.

SIGNATURE:

SECOLE 18:58 PENTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-99

954-776-9300

Daytime Phone