

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N94000002996 (6)
1. Corporation Name
THE SAWGRASS PRESERVE HOMEOWNERS' ASSOCIATION, I NC.



Principal Place of Business C/O MIAMI MANAGEMENT, INC. 1189 SAWGRASS CORP. PKWY SUNRISE FL 33323	Mailing Address C/O MIAMI MANAGEMENT, INC. 1189 SAWGRASS CORP. PKWY SUNRISE FL 33323
--	--

3. Date Incorporated or Qualified 06/17/1994	
4. FEI Number 65-0697748	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

9. Name and Address of Current Registered Agent FREMENTO, PHILLIP A 550 BILTMORE WAY, 1110 CORAL GABLES FL 33134	10. Name and Address of New Registered Agent 81 Name Edward P. Kreiling 82 Street Address (P.O. Box Number is Not Acceptable) 2500 Weston Road 83 Suite 220 84 City Weston FL 85 Zip Code 33331
--	--

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	DST <input checked="" type="checkbox"/> DELETE
NAME	FERNANDEZ, JOSE
STREET ADDRESS	550 BILTMORE WAY, 1110
CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	DP <input type="checkbox"/> DELETE
NAME	GRIFFIN, DAVID L
STREET ADDRESS	550 BILTMORE WAY, 1110
CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	DVP <input type="checkbox"/> DELETE
NAME	BRAVERMAN, FELIX
STREET ADDRESS	550 BILTMORE WAY, 1110
CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Fran Dossat
1.3 STREET ADDRESS	13798 NW 4th Street, Suite 300
1.4 CITY-ST-ZIP	Sunrise, FL 33323
2.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	David L. Griffin
2.3 STREET ADDRESS	13798 NW 4th Street, Suite 300
2.4 CITY-ST-ZIP	Sunrise, FL 33323
3.1 TITLE	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Felix Braverman
3.3 STREET ADDRESS	13798 NW 4th Street, Suite 300
3.4 CITY-ST-ZIP	Sunrise, FL 33323
4.1 TITLE	DI <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Donn Ozkilkis
4.3 STREET ADDRESS	13798 NW 4th Street, Suite 300
4.4 CITY-ST-ZIP	Sunrise, FL 33323
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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, or on an attachment with an address.

SIGNATURE _____

CR2E037 (1097)