


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2005 8:00 am
Secretary of State

05-02-2005 90419 027 ****61.25
 08-03-2005 90063 026 ****61.25

DOCUMENT # N94000002996

1. Entity Name
THE SAWGRASS PRESERVE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
 % MIAMI MANAGEMENT
 1145 SAWGRASS CORP PKWY
 FORT LAUDERDALE, FL 33323

Mailing Address
 SWIFT MANAGEMENT SOLUTIONS - NICOLE SWIFT
 1750 UNIVERSITY DRIVE #205
 CORAL SPRINGS, FL 33071

50059675



2. Principal Place of Business
1750 University Dr

3. Mailing Address
 Suite, Apt. #, etc.
205

07052005 Chg-NP CR2E037 (10/03)

City & State
Coral Springs FL

City & State
 City & State

Zip
33071 Country
USA

Zip Country

4. FEI Number
65-0697748

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MIAMI MANAGEMENT
 1145 SAWGRASS CORP PKWY
 ATTN: LEEANN MATTIOLO
 FORT LAUDERDALE, FL 33323


7. Name and Address of New Registered Agent

Name
SWIFT MANAGEMENT SOLUTIONS

Street Address (P.O. Box Number is Not Acceptable)
1750 University Dr #205

City
Coral Springs FL Zip Code
33071

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  **NICOLE SWIFT** DATE **7/1/05**

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 7, 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 NAME STREET ADDRESS CITY-ST-ZIP	DS DZIKOWSKI, COLLEEN 1145 SAWGRASS CORP PKWY FORT LAUDERDALE, FL 33323	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RODRIGUEZ, ANGIE 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DZIKOWSKI, PATRICIA 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RICKETTS, DONALD 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAPOTRE, ESTHER 13858 NW 22 CT SUNRISE, FL 33323	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOB SPERENO PD 13797 NW 22 PL SUNRISE FL 33323	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO HOLLIS YOUNG 2262 NW 139 AVE SUNRISE FL 33323	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Renee Naulful 2246 NW 139 AVE SUNRISE FL 33323	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Stephen Lindsley 13796 NW 22ND ST SUNRISE FL 33323	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Scott Cooper 13769 NW 22 ST SUNRISE FL 33323	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **ROBERT SPERENO PRESIDENT** DATE **7/25/05** DAYTIME PHONE # **954-846-1924**

Signature and typed or printed name of signing officer or director