

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

96 JAN 23 PM 3:43

DOCUMENT # N95000002605 (2)

1. Corporation Name

SAWGRASS PLANTATION OF KILLEARN HOMEOWNERS ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business: % MEHRDAD GHAZVINI, 5028 TENNESSEE CAPITAL BLVD., TALLAHASSEE FL 32303
Mailing Address: % MEHRDAD GHAZVINI, 5028 TENNESSEE CAPITAL BLVD., TALLAHASSEE FL 32303

3. Date Incorporated or Qualified 06/02/1995	3a. Date of Last Report
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
**GHAZVINI, MEHRDAD
5028 TENNESSEE CAPITAL BLVD.
TALLAHASSEE FL 32303**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> DELETE
NAME	GHAZVINI, HOSSEIN
STREET ADDRESS	5028 TENNESSEE CAPITAL BLVD.
CITY-ST-ZIP	TALLAHASSEE FL 32303
TITLE	DV <input type="checkbox"/> DELETE
NAME	GHAZVINI, BEHZAD
STREET ADDRESS	5028 TENNESSEE CAPITAL BLVD.
CITY-ST-ZIP	TALLAHASSEE FL 32303
TITLE	DV <input type="checkbox"/> DELETE
NAME	GHAZVINI, MEHRAN
STREET ADDRESS	5028 TENNESSEE CAPITAL BLVD.
CITY-ST-ZIP	TALLAHASSEE FL 32303
TITLE	DST <input type="checkbox"/> DELETE
NAME	GHAZVINI, MEHRDAD
STREET ADDRESS	5028 TENNESSEE CAPITAL BLVD.
CITY-ST-ZIP	TALLAHASSEE FL 32303
TITLE	DV <input type="checkbox"/> DELETE
NAME	YAZDANI, ROOZBEH
STREET ADDRESS	5028 TENNESSEE CAPITAL BLVD.
CITY-ST-ZIP	TALLAHASSEE FL 32303
TITLE	DV <input type="checkbox"/> DELETE
NAME	YAZDANI, MOHAMMAD-SAEED
STREET ADDRESS	5028 TENNESSEE CAPITAL BLVD.
CITY-ST-ZIP	TALLAHASSEE FL 32303

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	

800001700348
-01/29/96--0199--00 Addition
*****70.00 *****70.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ DATE: 1/23/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E037 (12/95)