

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N95000002605 (2)

1. Corporation Name
SAWGRASS PLANTATION OF KILLEARN HOMEOWNERS ASSOCIATION, INC.

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

FILED
 97 OCT 1 PM 2:48
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/02/1995** 3a. Date of Last Report **01/23/1996**
 4. FEI Number **APPLIED FOR** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

21. Principal Place of Business **Mehrdad Ghazvini** 2a. Mailing Address **clo Mehرداد Ghazvini**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 **4727 N. Monroe St** 27 **4727 N. Monroe St**
 City & State City & State
 23 **Tallahassee FL** 28 **Tallahassee FL**
 Zip Country Zip Country
 24 **32303** 25 Country 29 **32303** 30 Country

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 **Mehرداد Ghazvini**
 82 Street Address (P.O. Box Number is Not Acceptable) **4727 N. Monroe St.**
 83
 84 City **Tallahassee** FL 85 Zip Code **32303**

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 **MEHRDAD GHAZVINI** DATE **9/30/97**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	4727 N. Monroe St
1.4 CITY-ST-ZIP	500002310585--6 10/02/97--01117--003
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	4727 N. Monroe
2.4 CITY-ST-ZIP	***245.00 ***245.00
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	4727 N. Monroe
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	4727 N. Monroe
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	4727 N. Monroe
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	4727 N. Monroe
6.4 CITY-ST-ZIP	

14. I do 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.

CPERS07 (6-97)