## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

## FILED Jun 01 1998 8:00am Secretary of State

DOCU	IMENT # N95 000 OGRASS Glandation	( 0.260) 1 )	に とれ。。。。	م ال		216	
SAW	GRASS Plantation	st 1	Clikary	Home	6CD A	17.13	
	Associ						
Principal Place of Purinces Mailing Address							
44	Waverly Road In Lassee FL 323			h 0		000002543530	_
	1	13	SAI	15		3. Date மு <b>ந்திர</b> ர்ந்து இவனியிடி (1) () () () () () ()	
Ja11	a hassee the 323	12				****61.25	4
}						4. FEI Number Applied For Not Applied For	_
2 Principal F	Place of Business	2a. Mailin	g Address				4
21	rago or Basinoss	26	g / 104 455			5. Certificate of Status Desired S8.75 Additional Fee Required	1
Suite, Apt	#, elc.		Apl. #, etc.			6. Election Campaign Financing \$5.00 May Be	7
22		27				Trust Fund Contribution	
City & Sta	le	City & 28	State			7. Is this nonprofit corporation a homeowners association?	
Zip	Country	7ip		Country	7	8. This corporation owes or has paid the current year Intangible	7
24	25	29		30		Personal Property Tax due June 30.	
	9. Name and Address of Curre	nt Registered A	Agent		<del></del>	10. Name and Address of New Registered Agent	
				81	Name	Dan Lee Isages	
				82	Street /	t Address (P.O. Box Number is Not Agceptable)	$\exists$
1						431 Waver14 Kd	_
				83		•	
ĺ				84	City	T   85 Zip Code	ヿ゙
44 Divisional	1 AA 617 01 6	() and 617 1F0	0. Elorido Ctobo	los the ebau		/allohossee FL 323/2	,
office or	registered agon, to both, in the State	of Florida, Suc	h change was	es, the above authorized by	the corp	d corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered	
1	am familia, with and accept the oblig	ations of, Section	on 617.0503, FI		_	4/30/98	
SIGNATURE	Signature typed or printed name of registered ag	ent and title if applical	DA N M	TE. Registered Age		re required when reinstating) DATE	٠ [
12.	- <del></del>	ID DIRECTORS	· · · · · · · · · · · · · · · · · · ·	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	٦!
TITLE	P Aleks Add		DELETE	1.1 TITLE	-	Change La Addition	П:
NAME	People and Vint	· 		1.2 HAME	->>	Mehrdad Ghazvini a.	
STREET ADDRESS	4727 1 Honrise 31	-	_	1.3 STREET	ADDRESS		
CITY ST ZIP	TATE 1	303		1.4 CITY - S	ST - <b>Z</b> (P	Tall FL 32303	_] {
TITLE		<del></del>	DELETE	2.1 TITLE	1	Change Addition	1/
NAME				2.2 NAME	- 1	Ron Meto Palmotto Line	1
STREET ADDRESS				2.3 STREET		2840 3800 84/11/10 2011	
CITY-ST-ZIP TITLE			DELETE	2. 4 CITY - : 3.1 TITLE	-	741 FL 32308	+
NAME				3.7 TITLE		English Sullivan	
STREET ADDRESS				3.3 STREET	ADDRESS	Figners Maria Palm C+	
CITY-ST-ZIP				3.4. C/TY - 1	ST-ZIP	Frances Barber, Sullivan 2864 Manila Palm C+ 32338	
TITLE			DELETE	4.1 TITLE		Change Maddition	1
NAME				4. 2 NAME		Fredrick Pagno	
STREET ADDRESS				4.3 STREET	ADDRESS	2 898 Monile Ram Way	1
CITY+ST-ZIP				4.4 CITY - S	T-ZIP	Tall FL 323081	╛
TITLE	}		DELETE	5 1 TITLE	- 1	Change La Adulion	
NAME				5.2 NAME		LISA STORESOI HE THE	1
STREET ADDRESS				5.3 STREET		1442 Mecale Galm may 24 4	
CITY+\$T-ZIP TITLE			DELETE	5.4 CITY - S	T-ZIP	7411 F A 32308	4
NAME			- percit	6.1 TITLE 6.2 NAME		Change Li Addition	
STREET ADDRESS				6.3 STREET	YDDBLee	Mehran Chazunh In Im Way	
CITY+ST-ZIP				6.4 CITY-S		77 7511 004 56 72202	
14. I hereby o	certify that the information supplied w	ith this filling do	es not qualify for	or the exemp	tion stated	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information	4
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 of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 13 if changed, or or an attricty of the with an address.							