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May 03, 1999 8:00 am
Secretary of State

05-03-1999 90066 018 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N95000002605

1. Corporation Name

SAWGRASS PLANTATION OF KILLEARN HOMEOWNERS ASSOCIATION, INC.

471655 - 90066 - 18

Principal Place of Business
 431 WAVERLY ROAD
 TALLAHASSEE FL 32312

Mailing Address
 431 WAVERLY ROAD
 TALLAHASSEE FL 32312



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
06/02/1995

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
APPLIED FOR

Applied For
 Not Applicable

23 City & State

27 City & State

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

24 Zip Country

29 Zip Country

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ISAACS, DAN LEE
 431 WAVERLY ROAD
 TALLAHASSEE FL 32312

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
D	MEHRDAD, GHAZVINI	4727 NORTH MONROE STREET	TALLAHASSEE FL 32303	<input type="checkbox"/>
D	NEITO, RON	2840 SAW PALMETTO LANE	TALLAHASSEE FL 32308	<input checked="" type="checkbox"/>
DP	BARBER SULLIVAN, FRANCES	2864 MANILA PALM COURT	TALLAHASSEE FL 32308	<input checked="" type="checkbox"/>
DT	PAPANO, FREDERICK	2898 MANILA PALM WAY	TALLAHASSEE FL 32308	<input checked="" type="checkbox"/>
D	STOKES, LISA	2445 NEEDLE PALM WAY	TALLAHASSEE FL 32308	<input type="checkbox"/>
D	MEHRON, GHAZVINI	2900 ROYAL PALM WAY	TALLAHASSEE FL 32308	<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DT	Marian Valoch	2440 Needle Palm Way	Tallahassee FL 32308	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DP	Nelson Harbin	2924 Royal Palm Way	Tallahassee FL 32308	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DS	Claudia Putnam	3039 Royal Palm Way	Tallahassee FL 32308	<input type="checkbox"/>	<input checked="" type="checkbox"/>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE:

Signature Required

4/30/99 (850) 531-0627

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/98)