

# 2000-UNIFORM BUSINESS REPORT (UBR)

5

**FILED**  
**Jun 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90791 036 \*\*\*\*61.25

**DOCUMENT # N95000002605**



1. Entity Name

**SAWGRASS PLANTATION OF KILLEARN HOMEOWNERS ASSOC**

Principal Place of Business

Mailing Address

431 WAVERLY ROAD  
TALLAHASSEE FL 32312

431 WAVERLY ROAD  
TALLAHASSEE FL 32312-2856

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ISAACS, DAN LEE**  
**431 WAVERLY ROAD**  
**TALLAHASSEE FL 32312**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MEHRDAD, GHAZVINI	
STREET ADDRESS	4727 NORTH MONROE STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	VALOCH, MARIAN	
STREET ADDRESS	2440 NEEDLE PALM WAY	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	HARBIN, NELSON	
STREET ADDRESS	2924 ROYAL-PALM WAY	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	PUTNAM, CLAUDIA	
STREET ADDRESS	3039 ROYAL PALM WAY	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input type="checkbox"/> Delete
NAME	STOKES, LISA	
STREET ADDRESS	2445 NEEDLE PALM WAY	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MEHRON, GHAZVINI	
STREET ADDRESS	2900 ROYAL PALM WAY	
CITY-ST-ZIP	TALLAHASSEE FL 32308	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Core, Kathleen	
STREET ADDRESS	3007 Royal Palm Way	
CITY-ST-ZIP	Tallahassee, Florida 32308	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Howard Eagelfeld, Howard	
STREET ADDRESS	2412 Needle Palm Way	
CITY-ST-ZIP	Tallahassee, Florida 32308	
TITLE	DA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hughes, Howard David	
STREET ADDRESS	2433 Silver Palm Way	
CITY-ST-ZIP	Tallahassee, Florida 32308	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Klucher, Randy	
STREET ADDRESS	2899 Royal Palm Way	
CITY-ST-ZIP	Tallahassee, Florida 32308	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Porter, Michael	
STREET ADDRESS	2453 Needle Palm Way	
CITY-ST-ZIP	Tallahassee, Florida 32308	

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:

*Randy Klucher*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KLUCHER

4-28-00

Date

950-493-2400

Daytime Phone #

CR2E037 (9/99)