

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 08:00 AM
Secretary of State

DOCUMENT # N95000002605

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

Principal Place of Business 431 WAVERLY ROAD TALLAHASSEE FL 32312	Mailing Address 431 WAVERLY ROAD TALLAHASSEE FL 32312
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number
59-3470085

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ISAACS DAN LEE
431 WAVERLY ROAD

TALLAHASSEE FL 32312

7. Name and Address of New Registered Agent

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 _____ DATE **04/23/2001**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTER MICHAEL	
STREET ADDRESS	2453 NEEDLE PALM WAY	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMPTON DEBRA J	
STREET ADDRESS	2820 SAW PALMETTO WAY	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORE KATHLEEN	
STREET ADDRESS	3007 ROYAL PALM WAY	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COBB JOAN	
STREET ADDRESS	2894 MANILA PALM WAY	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EAGELFELD HOWARD	
STREET ADDRESS	2412 NEEDLE PALM WAY	
CITY-ST-ZIP	TALLAHASSEE FL 32308	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **Joan Cobb** Trea **04/23/2001**

CR2E037 (11/00)