

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 31 PM 3:18

DOCUMENT # N32424 (6)

1. Corporation Name

THE RESIDENCES OF SAWGRASS MILLS COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1181 SAWGRASS CORP. PARKWAY
SUITE 19
SUNRISE FL 33323

1181 SAWGRASS CORP. PARKWAY
SUITE 19
SUNRISE FL 33323

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/22/1989

3a. Date of Last Report

04/04/1994

4. FEI Number

65-0155329

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 1181 SAWGRASS CORP. PARKWAY
Suite, Apt. #, etc.

26 1181 SAWGRASS CORP. PARKWAY
Suite, Apt. #, etc.

22 City & State

27 City & State

23 1 SUNRISE, FL
Zip Country

28 SUNRISE, FL
Zip Country

24 33323 25 USA

29 33323 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMAS NEELON, LENNAR FLORIDA PARTNERS
760 NW 107 AVE., SUITE 400
MIAMI FL 33172

81 Name

CHARLES TRIAY

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

999 PONCE DE LEON BLVD

83

SUITE 1110

84 City

CORAL GABLES

FL

85 Zip Code

33134

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

(NOTE: Registered Agent signature required when reappointing)

2/14/95
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME GREEN, BRIAN
STREET ADDRESS 760 NW 107 AVENUE SUITE 400
CITY-ST-ZIP MIAMI FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

CHARLES PARKER
760 NW 107 AVE SUITE 400
MIAMI FL 33172

TITLE VD
NAME ZELEDON, JOHN
STREET ADDRESS 760 NW 107 AVENUE SUITE 400
CITY-ST-ZIP MIAMI FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

BRIAN GREEN
760 NW 107 AVE
MIAMI, FL 33172

TITLE STD
NAME GARBER, MONA
STREET ADDRESS 760 NW 107 AVENUE SUITE 400
CITY-ST-ZIP MIAMI FL 33172

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

MONA GREEN
760 NW 107 AVE
MIAMI, FL 33172

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report, 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; that I am duly authorized 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-95
Date

305-220-4300
Telephone Number