

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

APPROVED  
AND  
FILED

96 JAN 23 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N95000002605 (2)

1. Corporation Name

SAWGRASS PLANTATION OF KILLEARN HOMEOWNERS ASSOC  
IATION, INC.

Principal Place of Business

Mailing Address

% MEHRDAD GHAZVINI  
5028 TENNESSEE CAPITAL BLVD.  
TALLAHASSEE FL 32303

% MEHRDAD GHAZVINI  
5028 TENNESSEE CAPITAL BLVD.  
TALLAHASSEE FL 32303

3. Date Incorporated or Qualified  
06/02/1995

3a. Date of Last Report

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GHAZVINI, MEHRDAD  
5028 TENNESSEE CAPITAL BLVD.  
TALLAHASSEE FL 32303

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 DP ☐ DELETE  
NAME GHAZVINI, HOSSEIN  
STREET ADDRESS 5028 TENNESSEE CAPITAL BLVD.  
CITY-ST-ZIP TALLAHASSEE FL 32303

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

TITLE DV ☐ DELETE  
NAME GHAZVINI, BEHZAD  
STREET ADDRESS 5028 TENNESSEE CAPITAL BLVD.  
CITY-ST-ZIP TALLAHASSEE FL 32303

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

TITLE DV ☐ DELETE  
NAME GHAZVINI, MEHRAN  
STREET ADDRESS 5028 TENNESSEE CAPITAL BLVD.  
CITY-ST-ZIP TALLAHASSEE FL 32303

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

TITLE DST ☐ DELETE  
NAME GHAZVINI, MEHRDAD  
STREET ADDRESS 5028 TENNESSEE CAPITAL BLVD.  
CITY-ST-ZIP TALLAHASSEE FL 32303

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

TITLE DV ☐ DELETE  
NAME YAZDANI, ROOZBEH  
STREET ADDRESS 5028 TENNESSEE CAPITAL BLVD.  
CITY-ST-ZIP TALLAHASSEE FL 32303

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

TITLE DV ☐ DELETE  
NAME YAZDANI, MOHAMMAD-SAEED  
STREET ADDRESS 5028 TENNESSEE CAPITAL BLVD.  
CITY-ST-ZIP TALLAHASSEE FL 32303

6.1 TITLE ☐ Change ☐ Addition  
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 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)