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NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N9500002605 (2)

1. Corporation Name

SAWGRASS PLANTATION OF KILLEARN HOMEOWNERS ASSOCIATION, INC.

AFPROVED AND HLED

96 JAN 23 PM 3: 43

SECHETARY OF STATE TALLAHASSEE, FLORIDA



	ce of Business	Mailing Address			E ARBURAN WAS INDEA WORLD BOTT OF ALL			
% MEHRDAD GHAZVINI 5028 TENNESSEE CAPITAL BLVD. TALLAHASSEE FL 32303		% MEHRDAD GHAZVINI 5028 TENNESSEE CAPITAL BLVD. TALLAHASSEE FL 32303						
		TALLAMASSEE PL 323			3. Date Incorporated or Qualified 06/02/1995	3a. Date	e of Last	Report
	Place of Business	2a. Mailing Address			4. FEI Number		7	Applied For
Suite, Apt	# etc	Suite Ant # ata	<del></del>					Not Applicable
22		Suite, Apt. #, etc.			5. Certificate of Status Desired	<b>x</b>		Additional Required
City & Sta	le	City & State			Election Campaign Financing     Trust Fund Contribution			O May Be d to Fees
Zip 24	Country 25	Zip 29	Country 30	W	B. This corporation has liability for in		under s.	
	9. Name and Address of Curre		[30]		Fkorida Statutes  10. Name and Address of New Re	Yes 28.1		
		9	B1 N	lame	10. Indine and Addiess of New Me	Aretolon V	Agur	
GHA7V	INI MEHRDAD							
GHAZVINI, MEHRDAD 5028 TENNESSEE CAPITAL BLVD.			82 8	Street Addr	oss (P.O. Box Number is Not Acceptable	∍)		
	HASSEE FL 32303		83					
			<b>84</b> C	lity		FI	85 Ziç	Code
11. Pursuant or registe familiar w	to the provisions of Sections 617,050 ered agent, or both, in the State of Flor vith, and accept the obligations of, Sec	2 and 617.1508, Florida Statutida. Such change was authorization 617.0503, Florida Statutes	es, the above-named by the corpora	ned corpora tion's boar	ation submits this statement for the purp d of directors. I hereby accept the appoi		ging its re egistered	egistered offic agent. I am
SIGNATURE								
	Signature typed or printed name of registered agen		TE: Registered Agent sig	nature required		DATE		
12.	OFFICERS AN	ID DIRECTORS	13.	nature required	d when reinstating) ADDITIONS/CHANGES TO OFFIC	CERS AND D		
12. TITLE	OFFICERS AN		13. 1.1 TITLE	nature required		CERS AND D	DIRECTO Change	RS IN 12
12. TITLE NAMÉ	OFFICERS AN DP GHAZVINI, HOSSEIN	ID DIRECTORS	13. 1.1 TITLE 1.2 NAME			CERS AND D		
12. Title NAME STREET ADDRESS	OFFICERS AN DP GHAZVINI, HOSSEIN 5028 TENNESSEE CAPITAL	ID DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADD	PAESS		CERS AND D		
12. Title NAME STREET ADDRESS CITY+ST-ZIP	OFFICERS AN DP GHAZVINI, HOSSEIN 5028 TENNESSEE CAPITAL TALLAHASSEE FL 32303	ID DIRECTORS  DELETE  BLVD.	13. 1.1 TITLE 12 NAME 1.3 STREET ADD 14 CITY-ST-ZI	PAESS		CERS AND L	Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AN DP GHAZVINI, HOSSEIN 5028 TENNESSEE CAPITAL TALLAHASSEE FL 32303 DV	ID DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADD 1.4 CITY - ST - ZI 2.1 TITLE	PAESS		CERS AND L		
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4. I do hereby certify that the information supplied with this filing is voluntarily furthered 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 suppliemental rangial 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 of 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

1/2 3/96 Date De