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Feb 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N32424** (6)

1. Corporation Name

THE RESIDENCES OF SAWGRASS MILLS COMMUNITY ASSOCIATION, INC.



Principal Place of Business 780 NW 107TH AVENUE STE. 400 MIAMI FL 33172 US	Mailing Address 1189 SAWGRASS CORP. PARKWAY SUITE 19 SUNRISE FL 33323-2847 US
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3. Date Incorporated or Qualified 05/22/1989	3a. Date of Last Report 02/14/1996
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2. Principal Place of Business 21 1189 SAWGRASS CORP PARKWAY Suite, Apt. #, etc. 22 City & State 23 SUNRISE, FL Zip 24 33323	2a. Mailing Address 26 1189 SAWGRASS CORP PARKWAY Suite, Apt. #, etc. 27 City & State 28 SUNRISE, FL Zip 29 33323 Country 30 BROWARD
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4. FEI Number 65-0155329	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent NEALON, TOM 780 NW 107TH AVE. SUITE 400 SUITE 1110 MIAMI FL 33172	
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10. Name and Address of New Registered Agent 81 Name RAIMON A. DIAZ 82 Street Address (P.O. Box Number is Not Acceptable) 1189 SAWGRASS CORP PARKWAY 83 84 City SUNRISE, FL 33323 85 Zip Code 33323	
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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 X [Signature] DATE 1/31/97

12. OFFICERS AND DIRECTORS	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME FERREIRA, STEVEN D.	
STREET ADDRESS 780 NW 107 AVENUE, SUITE #400	
CITY-ST-ZIP MIAMI FL	
TITLE VPD	<input checked="" type="checkbox"/> DELETE
NAME FERRERA, ROCCO	
STREET ADDRESS 780 NW 107 AVE., SUITE #400	
CITY-ST-ZIP MIAMI FL	
TITLE STD	<input checked="" type="checkbox"/> DELETE
NAME GREEN, BRIAN	
STREET ADDRESS 780 NW 107 AVE	
CITY-ST-ZIP MIAMI FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME JEFF DAPRIZIO	CHANGE
STREET ADDRESS 12694 NW 14 PL	
CITY-ST-ZIP SUNRISE, FL 33324	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME JOSEPH ORESTE	
1.3 STREET ADDRESS 1425 NW 129 WAY	
1.4 CITY-ST-ZIP SUNRISE, FL 33323	
2.1 TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME RAYMOND WITOWICH	
2.3 STREET ADDRESS 12702 NW 13 ST	
2.4 CITY-ST-ZIP SUNRISE, FL 33322	
3.1 TITLE S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME JOSE GRADY	
3.3 STREET ADDRESS 1006 NW 125 AVE	
3.4 CITY-ST-ZIP SUNRISE, FL 33323	
4.1 TITLE T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME CONSTANTINE KOKONAS	
4.3 STREET ADDRESS 13331 NW 11 LANE	
4.4 CITY-ST-ZIP SUNRISE, FL 33323	
5.1 TITLE D/	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME DEBBIE McDONALD	
5.3 STREET ADDRESS 1640 NW 126 DR.	
5.4 CITY-ST-ZIP SUNRISE, FL 33323	
6.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME AUDREY MOORE	
6.3 STREET ADDRESS 9801 WESTHEIMER SUITE 1100	
6.4 CITY-ST-ZIP HOUSTON, TEXAS 77042	

14. I do 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 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 X [Signature] DATE 1/31/97 454-946-7545

CR2E037 (9/96)