


FILE NOW: FILING FEE IS \$61.25

FILED
Jan 27 1998 8:00am
Secretary of State



NONPROFIT CORPORATION ANNUAL REPORT 1998		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 1189 SAWGRASS CORP. PARKWAY SUNRISE FL 33323 US	Mailing Address 1189 SAWGRASS CORP. PARKWAY SUNRISE FL 33323 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 05/22/1989	Applied For Not Applicable
4. FEI Number 65-0155329	
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	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DIAZ, RADAMES A
1189 SAWGRASS CORP. PARKWAY
SUNRISE FL 33323**

10. Name and Address of New Registered Agent

81 Name SKRLD, Inc.	82 Street Address (P.O. Box Number is Not Acceptable) 201 Alhambra Circle Suite 1102	83
84 City Coral Gables	85 State FL	86 Zip Code 33134

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 SKRLD, Inc. by Lisa A. Terner Secretary 1/15/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	ORESTE, JOSEPH
STREET ADDRESS	1425 NW 129 WAY
CITY-ST-ZIP	SUNRISE FL 33323
TITLE	VPD
NAME	WITOWICH, RAYMOND
STREET ADDRESS	12702 NW 13 ST
CITY-ST-ZIP	SUNRISE FL 33323
TITLE	SD
NAME	GRADY, JOSE
STREET ADDRESS	1006 NW 125 AVE
CITY-ST-ZIP	SUNRISE FL 33323
TITLE	TD
NAME	KOKONAS, CONSTANTINE
STREET ADDRESS	13331 NW 11 LANE
CITY-ST-ZIP	SUNRISE FL 33323
TITLE	D
NAME	MOORE, AUDREY
STREET ADDRESS	9801 WESTHEIMER SUITE 1100
CITY-ST-ZIP	HOUSTON TX 77042
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: [Signature] 1/15/98 305-797-9011

CR2E037 (10/97)