

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N32424

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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90230 028 ****61.25

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2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

05/22/1989

4. FEI Number

65-0155329

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

9. Name and Address of Current Registered Agent

SKRLD INC
201 ALHAMBRA CIRCLE SUITE 1102
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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

TITLE PD
NAME ORESTE, JOSEPH
STREET ADDRESS 1425 NW 129 WAY
CITY-ST-ZIP SUNRISE FL 33323 ☐ DELETE

TITLE VPD
NAME WITOWICH, RAYMOND
STREET ADDRESS 12702 NW 13 ST
CITY-ST-ZIP SUNRISE FL 33323 ☐ DELETE

TITLE SD
NAME GRADY, JOSE
STREET ADDRESS 1006 NW 125 AVE
CITY-ST-ZIP SUNRISE FL 33323 ☐ DELETE

TITLE TD
NAME KOKONAS, CONSTANTINE
STREET ADDRESS 13331 NW 11 LANE
CITY-ST-ZIP SUNRISE FL 33323 ☒ DELETE

TITLE D
NAME MOORE, AUDREY
STREET ADDRESS 9801 WESTHEIMER SUITE 1100
CITY-ST-ZIP HOUSTON TX 77042 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME D Maria Sanchez
3.3 STREET ADDRESS The Park Apartments
3.4 CITY-ST-ZIP 1640 NW 128th Dr Sunrise, FL 33323 ☒ Change ☐ Addition

4.1 TITLE TD
4.2 NAME Elizabeth VonSeggern
4.3 STREET ADDRESS 12648 NW 14 Pl
4.4 CITY-ST-ZIP Sunrise, FL 33323 ☒ Change ☐ Addition

5.1 TITLE D Carolyn Zalusky ☐ Change ☒ Addition
5.2 NAME The Palms Apartments
5.3 STREET ADDRESS 1501 NW 124 Tr Sunrise, FL 33323
5.4 CITY-ST-ZIP

6.1 TITLE D
6.2 NAME Jody Sehlin
6.3 STREET ADDRESS 13190 NW 11 Dr
6.4 CITY-ST-ZIP Sunrise, FL 33323 ☐ Change ☒ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

CR2E037 (11/98)

3/9/99 954-846-7545