

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 # N95000002605

1. Corporation Name

SAWGRASS PLANTATION OF KILLEARN HOMEOWNERS ASSOC
IATION, INC.

Principal Place of Business

431 WAVERLY ROAD
TALLAHASSEE FL 32312

Mailing Address

431 WAVERLY ROAD
TALLAHASSEE FL 32312

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90066 018 ****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

06/02/1995

4. FEI Number

APPLIED FOR

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

ISAACS, DAN LEE
431 WAVERLY ROAD
TALLAHASSEE FL 32312

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 D
NAME MEHRDAD, GHAZVINI
STREET ADDRESS 4727 NORTH MONROE STREET
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE D
NAME NEITO, RON
STREET ADDRESS 2840 SAW PALMETTO LANE
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE DP
NAME BARBER SULLIVAN, FRANCES
STREET ADDRESS 2864 MANILA PALM COURT
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE DT
NAME PAPANO, FREDERICK
STREET ADDRESS 2898 MANILA PALM WAY
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE D
NAME STOKES, LISA
STREET ADDRESS 2445 NEEDLE PALM WAY
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE D
NAME MEHRON, GHAZVINI
STREET ADDRESS 2900 ROYAL PALM WAY
CITY-ST-ZIP TALLAHASSEE FL 32308

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE DT
2.2 NAME Marian Valach
2.3 STREET ADDRESS 2440 Needle Palm Way
2.4 CITY-ST-ZIP Tallahassee FL 32308

3.1 TITLE DP
3.2 NAME Nelson Harbin
3.3 STREET ADDRESS 2924 Royal Palm Way
3.4 CITY-ST-ZIP Tallahassee FL 32308

4.1 TITLE DS
4.2 NAME Claudia Putnam
4.3 STREET ADDRESS 3039 Royal Palm Way
4.4 CITY-ST-ZIP Tallahassee FL 32308

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

6.1 TITLE
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99 (850) 531-0627

CR2E037 (11/98)