NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9500002605

Country

1. Corporation Name

SAWGRASS PLANTATION OF KILLEARN HOMEOWNERS ASSOCIATION, INC.

| Prin | сіраі Ріасе | e or | Busine |
|------|-------------|------|--------|
| : | | | |
| 431 | WAVERLY | RO | AD |
| TAI | LAHASSEE | FI | 32312 |

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2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Mailing Address

431 WAVERLY ROAD. TALLAHASSEE FL 32312

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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

05-03-1999 90066 018 ****61.25

1 125(1) 5(8) 1585 1 1685 1 1685 5 5 4 471655 - 90066 - 18

3. Date Incorporated or Qualifed

06/02/1995

APPLIED FOR

5. Certificate of Status Desired

6. Election Campaign Financing

FEI Number

| 10. Name and Address of New Registered Agent | 24 | 25 | 29 | 30 | | Trust Fund Contribution Added to Fees | | | |
|--|---|---|------------------|------------|--|--|--|--|--|
| SAACS, DAN LEE 431 WAVERLY ROAD TALLAHASSEE FI. 32312 44 City FL 85 Zip Code 17. 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 agent, an idea decept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE S | | 9. Name and Address of Current R | egistered Agent | | | 10. Name and Address of New Registered Agent | | | |
| ### Addition TALLAHASSEE FL 32308 TALLAHA | | | | 8 | 1 Name | 9 | | | |
| ### Addition Name NETTO, RON STREET ADDRESS PLASSEE FL 32308 #### Addition Name Name RABBER SULLIVAN, FRANCES STREET ADDRESS PLASSEE FL 32308 #### Addition Name Name Name Name Name Name Name Name | ICAACO DAN LEE | | | | Stropt | t Address (B.O. Boy Number is Not Accentable) | | | |
| TALLAHASSEE FL 32312 83 | | | | l° | 82. Street Address (P.O. Box Number is Not Acceptable) | | | | |
| ### City ### B\$ 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 to an affaillar with, and accept the obligations of, Section 617.0502 and 617.1508. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent and many agent to an affaillar with, and accept the obligations of, Section 617.0502 florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent and the registered agent agent to an affaillar with a purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and the registered agent agent and the registered agent agent and the registered agent | | | | 8 | 3 | | | | |
| T. 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 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 agent, or both, in the State of Florida. Statutes. SIGNATURE T. OFFICERS AND DIRECTORS TILL D. OFFICERS AND DIRECTORS TILL MEHRDAD, GHAZVINI STREET ADDRESS CITY-ST-2P TALLAHASSEE FL 32303 TILL D. NAME NETTO, RON STREET ADDRESS CITY-ST-2P TALLAHASSEE FL 32308 TILL D. NAME BARBER SULLIVAN, FRANCES STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32308 TILL D. NAME BARBER SULLIVAN, FRANCES STREET ADDRESS TALLAHASSEE FL 32308 TILL D. NAME D. DELETE 13 TILL D. NAME STREET ADDRESS 14 CITY-ST-2P TALLAHASSEE FL 32308 TILL D. NAME D. DELETE 13 TILL D. NAME STREET ADDRESS 14 CITY-ST-2P TALLAHASSEE FL 32308 TILL D. NAME D. DELETE 14 TILL D. NAME STREET ADDRESS TALLAHASSEE FL 32308 TALLAHASSEE FL 32308 TILL D. NAME D. DELETE 41 TILL D. NAME STREET ADDRESS TALLAHASSEE FL 32308 | IALLAMAS | OCE PL 32312 | | | | , | | | |
| office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's dotard or directors. Thereby accept in a appointment as registered agent, and accept the dotagations of, Section 617/503. Florida Statutes. Signature Sign | | | | | | FL ` | | | |
| Signature, Typed or printed rame of registered agent and title if applicable. (NOTE: Repistered Agent algoritude when introlating) | office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's poard of directors, i hereby accept the appointment as registered | | | | | | | | |
| 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D MEHRDAD, GHAZVINI STREET ADDRESS 11. STREET ADDRESS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. MEHRDAD, GHAZVINI MAGRICAD, GHAZVIN | | | | | | | | | |
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| CITY-ST-ZIP TALLAHASSEE FL 32308 | , | | | L . | | · · | | | |
| | STREET ADDRESS | | | | | ~ | | | |
| | CITY-ST-ZIP | TALLAHASSEE FL 32308 | 1.1. Att | | | -d is Castian 440 07(2)(i) Florida Statutos I further cortifu that the information | | | |

Country

4. 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 informatio 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

STATISTICS THE STATE OF SIGNING OFFICER OF DIRECTOR

4/30/99 (850)531-0627

CR2E037 (11/98)

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable