

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32424

1. Entity Name

THE RESIDENCES OF SAWGRASS MILLS COMMUNITY ASSOC

Principal Place of Business

1189 SAWGRASS CORP. PARKWAY  
SUNRISE FL 33323  
US

Mailing Address

1189 SAWGRASS CORP. PARKWAY  
SUNRISE FL 33323-2847  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0155329

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SKRLD INC  
201 ALHAMBRA CIRCLE SUITE 1102  
CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE PD ☐ Change ☐ Addition  
NAME PAUL, JOSEPH  
STREET ADDRESS 13120 NW 11th DRIVE  
CITY-ST-ZIP SUNRISE, FL 33323

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☒ Delete  
NAME SANCHEZ, MARIA  
STREET ADDRESS 1640 NW 128TH DR  
CITY-ST-ZIP SUNRISE FL 33323

TITLE SD ☐ Change ☒ Addition  
NAME DiGIOVANNI, THOMAS  
STREET ADDRESS 1244 NW 134th AVENUE  
CITY-ST-ZIP SUNRISE, FL 33323

TITLE TD ☐ Delete  
NAME VONSEGGERN, ELIZABETH  
STREET ADDRESS 126498 NW 14 PL  
CITY-ST-ZIP SUNRISE FL 33323

TITLE D ☐ Change ☒ Addition  
NAME JIMENEZ, MANUEL  
STREET ADDRESS 1374 NW 129th WAY  
CITY-ST-ZIP SUNRISE, FL 33323

TITLE D ☒ Delete  
NAME ZALUSKY, CAROLYN  
STREET ADDRESS 1501 NW 124 TR  
CITY-ST-ZIP SUNRISE FL 33323

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME SEHLIN, JODY  
STREET ADDRESS 13190 NW 11 DR  
CITY-ST-ZIP SUNRISE FL 33323

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Thomas DiViovanni, Secty.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE