

2000-UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 16, 2000 8:00 am
Secretary of State

05-16-2000 90791 036 ****61.25

DOCUMENT # N95000002605

(R)

1. Entity Name

SAWGRASS PLANTATION OF KILLEARN HOMEOWNERS ASSOC

Principal Place of Business

**431 WAVERLY ROAD
TALLAHASSEE FL 32312**

Mailing Address

**431 WAVERLY ROAD
TALLAHASSEE FL 32312-2856**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

59 3470085

4. FEI Number

APPLIED FOR

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

ISAACS, DAN LEE

**431 WAVERLY ROAD
TALLAHASSEE FL 32312**

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

TITLE **PO** ☐ Change ☒ Addition
NAME **Core, Kathleen**
STREET ADDRESS **3007 Royal Palm Way**
CITY-ST-ZIP **Tallahassee, Florida 32308**

TITLE **DT** ☒ Delete
NAME **VALOCH, MARIAN**
STREET ADDRESS **2440 NEEDLE PALM WAY**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **SD** ☐ Change ☒ Addition
NAME **Howard Eagelfeld, Howard**
STREET ADDRESS **2412 Needle Palm Way**
CITY-ST-ZIP **Tallahassee, Florida 32308**

TITLE **DP** ☒ Delete
NAME **HARBIN, NELSON**
STREET ADDRESS **2924 ROYAL PALM WAY**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **DA** ☐ Change ☒ Addition
NAME **Hughes, Howard David**
STREET ADDRESS **2433 Silver Palm Way**
CITY-ST-ZIP **Tallahassee, Florida 32308**

TITLE **DS** ☒ Delete
NAME **PUTNAM, CLAUDIA**
STREET ADDRESS **3039 ROYAL PALM WAY**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **TD** ☐ Change ☒ Addition
NAME **Klucher, Randy**
STREET ADDRESS **2899 Royal Palm Way**
CITY-ST-ZIP **Tallahassee, Florida 32308**

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

TITLE **VP** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **D** ☐ Change ☒ Addition
NAME **Porter, Michael**
STREET ADDRESS **2453 Needle Palm Way**
CITY-ST-ZIP **Tallahassee, Florida 32308**

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 and typed or printed name of signing officer or director

KLUCHER

4-28-00

850-493-2400

Date

Daytime Phone #

CR2E037 (9/99)