

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90052 046 ****61.25

DOCUMENT # N32424

1. Entity Name

THE RESIDENCES OF SAWGRASS MILLS COMMUNITY ASSOC

Principal Place of Business

Mailing Address

1189 SAWGRASS CORP. PARKWAY
SUNRISE FL 33323
US1189 SAWGRASS CORP. PARKWAY
SUNRISE FL 33323
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

BAKALAR, SUSAN P P.A.
2440 S.W. 70TH AVE., STE. D
DAVIE FL 33317Name **BAKALAR, BROUGH & CHADROW**Street Address (P.O. Box Number is Not Acceptable)
2240 SW 70th Avenue, Suite DCity **Davie**FL **33317**

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] **BAKALAR, BROUGH & CHADROW, P.A.**
MICHAEL S. CHADROW, ESQ.

2/19/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. 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 **PAUL, JOSEPH**
STREET ADDRESS **13120 NW 11TH DR**
CITY-ST-ZIP **SUNRISE FL 33323**TITLE **PD** ☒ Change ☐ Addition
NAME **Chris Boehme**
STREET ADDRESS **1409 NW 126th Avenue**
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-ZIPTITLE **SD** ☒ Delete
NAME **DIGIOVANNI, THOMAS**
STREET ADDRESS **1244 NW 134TH AVE**
CITY-ST-ZIP **SUNRISE FL 33323**TITLE **SD** ☒ Change ☐ Addition
NAME **George Braun**
STREET ADDRESS **1022 NW 125th 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 **TD** ☒ Change ☐ Addition
NAME **Constantine Kokoknas**
STREET ADDRESS **1331 NW 11th Lane**
CITY-ST-ZIP **Sunrise, FL 33323**TITLE **D** ☐ Delete
NAME **JIMINEZ, MANUEL**
STREET ADDRESS **1374 NW 129TH WAY**
CITY-ST-ZIP **SUNRISE FL 33323**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Raymond Witowich, Vice President 2/15/01**

Date

Daytime Phone #

CR2E037 (10/00)