

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 23, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # N95000002605****1. Entity Name**  
SAWGRASS PLANTATION OF KILLEARN HOMEOWNERS ASSOCIATION, INC.

<b>Principal Place of Business</b> 431 WAVERLY ROAD  TALLAHASSEE FL 32312	<b>Mailing Address</b> 431 WAVERLY ROAD  TALLAHASSEE FL 32312
--	--

**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip Country Zip Country

**4. FEI Number**  
**59-3470085**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 ROADTALLAHASSEE 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 **04/23/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW:**  
**FEE IS \$61.25****9. Election Campaign Financing** ☐ **\$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**

<b>TITLE</b> D <b>NAME</b> MEHRON GHAZVINI <b>STREET ADDRESS</b> 2900 ROYAL PALM WAY <b>CITY-ST-ZIP</b> TALLAHASSEE FL 32308 <input type="checkbox"/> Delete	<b>TITLE</b> D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> PORTER MICHAEL <b>STREET ADDRESS</b> 2453 NEEDLE PALM WAY <b>CITY-ST-ZIP</b> TALLAHASSEE FL 32308
<b>TITLE</b> D <input type="checkbox"/> Delete <b>NAME</b> STOKES LISA <b>STREET ADDRESS</b> 2445 NEEDLE PALM WAY <b>CITY-ST-ZIP</b> TALLAHASSEE FL 32308	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>
<b>TITLE</b> DS <input type="checkbox"/> Delete <b>NAME</b> PUTNAM CLAUDIA <b>STREET ADDRESS</b> 3039 ROYAL PALM WAY <b>CITY-ST-ZIP</b> TALLAHASSEE FL 32308	<b>TITLE</b> DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> COMPTON DEBRA J <b>STREET ADDRESS</b> 2820 SAW PALMETTO WAY <b>CITY-ST-ZIP</b> TALLAHASSEE FL 32308
<b>TITLE</b> DP <input type="checkbox"/> Delete <b>NAME</b> HARBIN NELSON <b>STREET ADDRESS</b> 2924 ROYAL PALM WAY <b>CITY-ST-ZIP</b> TALLAHASSEE FL 32308	<b>TITLE</b> D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> CORE KATHLEEN <b>STREET ADDRESS</b> 3007 ROYAL PALM WAY <b>CITY-ST-ZIP</b> TALLAHASSEE FL 32308
<b>TITLE</b> DT <input type="checkbox"/> Delete <b>NAME</b> VALOCH MARIAN <b>STREET ADDRESS</b> 2440 NEEDLE PALM WAY <b>CITY-ST-ZIP</b> TALLAHASSEE FL 32308	<b>TITLE</b> DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> COBB JOAN <b>STREET ADDRESS</b> 2894 MANILA PALM WAY <b>CITY-ST-ZIP</b> TALLAHASSEE FL 32308
<b>TITLE</b> D <input type="checkbox"/> Delete <b>NAME</b> MEHRDAD GHAZVINI <b>STREET ADDRESS</b> 4727 NORTH MONROE STREET <b>CITY-ST-ZIP</b> TALLAHASSEE FL 32303	<b>TITLE</b> DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> EAGELFELD HOWARD <b>STREET ADDRESS</b> 2412 NEEDLE PALM WAY <b>CITY-ST-ZIP</b> TALLAHASSEE FL 32308

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Joan Cobb Trea **04/23/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)