

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90215 025 \*\*\*\*61.25

**DOCUMENT # N32424**

1. Entity Name

**THE RESIDENCES OF SAWGRASS MILLS COMMUNITY ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**1189 SAWGRASS CORP. PARKWAY  
 SUNRISE FL 33323  
 US**

**1189 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, BROUGH & CHADROW  
 2440 S.W. 70TH AVE., STE. D  
 DAVIE FL 33317**

**Bakalar, Brough & Chadrow, P.A.  
 Westside Corporate Center  
 150 South Pine Island Road, Suite 540  
 Plantation, FL 33324**

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

*Bakalar, Brough & Chadrow PA*

*4/11/02*

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 **BOEHME, CHRIS**  
 STREET ADDRESS **1409 NW 126TH AVENUE**  
 CITY-ST-ZIP **SUNRISE FL 33323**

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

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

TITLE **VPD** ☒ Change ☐ Addition  
 NAME **BRAUN, GEORGE**  
 STREET ADDRESS **1022 NW 125 AVE**  
 CITY-ST-ZIP **SUNRISE, FL 33322**

TITLE **SD** ☐ Delete  
 NAME **BRAUN, GEORGE**  
 STREET ADDRESS **1022 NW 125TH AVENUE**  
 CITY-ST-ZIP **SUNRISE FL 33323**

TITLE **SD** ☒ Change ☐ Addition  
 NAME **WITOWICH, RAYMOND**  
 STREET ADDRESS **12702 NW 13 ST**  
 CITY-ST-ZIP **SUNRISE, FL 33322**

TITLE **TD** ☐ Delete  
 NAME **KOKOKNAS, CONSTANTINE**  
 STREET ADDRESS **1331 NW 11TH LANE**  
 CITY-ST-ZIP **SUNRISE FL 33323**

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

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-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*CHRIS BOEHME*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*MES. 2-21-2002 745-5500*

CR2E037 (9/01)