


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90024 002 ****61.25

DOCUMENT # N98000001679 1. Entity Name SAWFISH HOMEOWNERS ASSOCIATION, INC.																										
Principal Place of Business 2401 PGA BOULEVARD SUITE 272 PALM BEACH GARDENS FL 33410		Mailing Address P O BOX 1012 JUPITER FL 33468-1012 US																								
2. Principal Place of Business 403 Old Jupiter Bch Road Suite, Apt. #, etc.		3. Mailing Address 403 Old Jupiter Bch. Rd. Suite, Apt. #, etc.																								
City & State Jupiter FL Zip 33477 Country USA		City & State Jupiter FL Zip 33477 Country USA																								
4. FEI Number 65-0849125		Applied For <input type="checkbox"/> Not Applicable																								
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																								
6. Name and Address of Current Registered Agent CRUCE, LINDA 341 OLD JUPITER BEACH RD JUPITER FL 33477		7. Name and Address of New Registered Agent Name Bonnie Wilkins Street Address (P.O. Box Number is Not Acceptable) 403 Old Jupiter Beach Rd. City Jupiter FL Zip Code 33477																								
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Bonnie Wilkins</i></u> 3/6/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>																										
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																								
Make Check Payable to Florida Department of State																										
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																								
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Bonnie Wilkins* 3/6/06