

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90168 049 *****70.00

DOCUMENT # N32424

1. Entity Name

THE RESIDENCES OF SAWGRASS MILLS COMMUNITY ASSOCIATION, INC.



Principal Place of Business

1189 SAWGRASS CORP. PARKWAY
SUNRISE FL 33323
US

Mailing Address

1189 SAWGRASS CORP. PARKWAY
SUNRISE FL 33323
US

2. Principal Place of Business

1145 Sawgrass Corp. Parkway
Suite, Apt. #, etc.

3. Mailing Address

1145 Sawgrass Corp. Parkway
Suite, Apt. #, etc.

City & State

SUNRISE Florida

City & State

Sunrise, FL 33323

Zip
33323

Country
USA

Zip
33323

Country
USA

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

BAKALAR, BROUGH & CHADROW
WESTSIDE CORPORATE CENTER
150 SOUTH PINE ISLAND RD SUITE 540
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BOEHME, CHRIS
STREET ADDRESS 1409 NW 126TH AVENUE
CITY-ST-ZIP SUNRISE FL 33323 ☐ Delete

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

TITLE SD
NAME WITOWICH, RAYMOND
STREET ADDRESS 12702 NW 13 STREET
CITY-ST-ZIP SUNRISE FL 33322 ☐ Delete

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

TITLE D
NAME JIMINEZ, MANUEL
STREET ADDRESS 1374 NW 129TH WAY
CITY-ST-ZIP SUNRISE FL 33323 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME BOEHME, CHRIS
STREET ADDRESS 1145 SAWGRASS CORP. PKWY
CITY-ST-ZIP SUNRISE, FL 33323 ☒ Change ☐ Addition

TITLE VPD
NAME HAHIM, ALEXANDRE
STREET ADDRESS 1145 SAWGRASS CORP. PKWY.
CITY-ST-ZIP SUNRISE, FL 33323 ☒ Change ☐ Addition

TITLE SD
NAME WITOWICH, RAYMOND
STREET ADDRESS 1145 SAWGRASS CORP. PKWY.
CITY-ST-ZIP SUNRISE, FL 33323 ☒ Change ☐ Addition

TITLE TD
NAME KOKONAS, CONSTANTINE
STREET ADDRESS 1145 SAWGRASS CORP. PKWY
CITY-ST-ZIP SUNRISE, FL 33323 ☒ Change ☐ Addition

TITLE D
NAME DIANA PITTS
STREET ADDRESS 1145 SAWGRASS CORP. PKWY
CITY-ST-ZIP SUNRISE, FL 33323 ☒ Change ☐ Addition

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

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: *CHRISTOPHER BOEHME PD 3/20/03 954 846-7545*

CR2E037 (10/02)