

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N95000002605

FILED
Apr 27, 2003
Secretary of State

Entity Name: SAWGRASS PLANTATION OF KILLEARN HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

431 WAVERLY ROAD
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

431 WAVERLY ROAD
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 59-3470085

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ISAACS, DAN LEE
431 WAVERLY ROAD
TALLAHASSEE, FL 32312

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: EAGELFELD, HOWARD
Address: 2412 NEEDLE PALM WAY
City-St-Zip: TALLAHASSEE, FL 32309

Title: DT () Delete
Name: COBB, JOAN
Address: 2894 MANILA PALM WAY
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: CORVALLO, NANCY
Address: 3003 ROYAL PALM WAY
City-St-Zip: TALLAHASSEE, FL 32309

Title: DS () Delete
Name: MASO, DONNA
Address: 3063 ROYAL PALM WAY
City-St-Zip: TALLAHASSEE, FL 32309

Title: DVP () Delete
Name: STOKES, LISA
Address: 2445 NEEDLE PALM WAY
City-St-Zip: TALLAHASSEE, FL 32309

Title: D (X) Delete
Name: BENNETT, DAVID
Address: 2815 SAW PALMETTO LANE
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change () Addition
Name: EAGELFELD, HOWARD
Address: 2412 NEEDLE PALM WAY
City-St-Zip: TALLAHASSEE, FL 32309

Title: D (X) Change () Addition
Name: VALACH, MARIAN
Address: 2440 NEEDLE PALM WAY
City-St-Zip: TALLAHASSEE, FL 32309

Title: DS (X) Change () Addition
Name: CORVALLO, NANCY
Address: 3003 ROYAL PALM WAY
City-St-Zip: TALLAHASSEE, FL 32309

Title: D (X) Change () Addition
Name: BENNETT, DAVID
Address: 2815 SAW PALMETTO LANE
City-St-Zip: TALLAHASSEE, FL 32309

Title: DP (X) Change () Addition
Name: STOKES, LISA
Address: 2445 NEEDLE PALM WAY
City-St-Zip: TALLAHASSEE, FL 32309

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA STOKES

PRES

04/27/2003

Electronic Signature of Signing Officer or Director

Date