

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753818

Entity Name: SAWGRASS VILLAGE I HOMEOWNERS' ASSOCIATION, INC.**FILED**
Mar 26, 2020
Secretary of State
1987634088CC**Current Principal Place of Business:**10191 W SAMPLE RD
203
CORAL SPRINGS, FL 33065**Current Mailing Address:**10191 W SAMPLE RD
203
CORAL SPRINGS, FL 33065 US**FEI Number: 59-2035584****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CALDERAZZO, JAMES
J & L PROPERTY MGMT
10191 W SAMPLE RD 203
CORAL SPRINGS, FL 33065 US*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: JAMES CALDERAZZO****03/26/2020**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** TREASURER
Name PFEFFER, HOWARD
Address 10191 W SAMPLE RD
203
City-State-Zip: CORAL SPRINGS FL 33065**Title** SECRETARY
Name SHAPIRO, BARBARA
Address 10191 W SAMPLE RD
203
City-State-Zip: CORAL SPRINGS FL 33065**Title** VP
Name FORMAN, BARBARA
Address 10191 W SAMPLE RD
203
City-State-Zip: CORAL SPRINGS FL 33065**Title** DIRECTOR
Name CHASE, MARION
Address 10191 W SAMPLE RD
203
City-State-Zip: CORAL SPRINGS FL 33065**Title** DIRECTOR
Name PARRAMORE, RICHARD D
Address 10191 W SAMPLE RD
203
City-State-Zip: CORAL SPRINGS FL 33065**Title** PRESIDENT
Name KOLMAN, LINDA
Address 10191 W SAMPLE RD
203
City-State-Zip: CORAL SPRINGS FL 33065

I hereby 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 all other like empowered.

SIGNATURE: LINDA KOLMAN**PRESIDENT****03/26/2020**

Electronic Signature of Signing Officer/Director Detail

Date