FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

COCONUT CREEK FL



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **POCUMENT #**

753818

(4)

SAWGRASS VILLAGE I HOMEOWNERS' ASSOCIATION, INC.

FILED							
Mar 06 1998 8:00am							
Secretary of State							

Principal Place of Business Mailing Address					T I BASSIN MODEL BITTER ERICH FROM ERSEL VALUE BERLI BERLI BIRGH BIRGH BERLI B	OFOT LOSS	
4396 ACACIA CIRCLE 4396 ACACIA (3. Date Incorporated or Qualified		
COCONUT CRE		COCONUT CREEK FL 33066			08/19/1980		
						ied For	
						Applicable	
⊢ .	Place of Business	2a. Mailing Address			5. Certificate of Status Desired S8.75 Add	ditional	
21 Suite And	# 44-	26			Fee Requ		
Suite, Apt.	W, BIC.	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 Ma		
City & Stat	6	City & State			Trust Fund Contribution		
23		28			Yes No		
Zip	Country	Zip	Count	У	8. This corporation owes or has paid the current year Intang	gible	
24			30				
	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
5011414	NEE 040V 4 500		8	Name	,		
	DFF, GARY A., ESQ. IRLING ROAD		8:	Street	t Address (P.O. Box Number is Not Acceptable)		
1	DERDALE FL 33130		8:	3			
71.00	DEFIDACE I E 00100		_	<u> </u>			
			84	1	FL 85 Zip Con		
11. Pursuant	to the provisions of Sections	617.0502 and 617.1508, Florida Statute	s, the abo	/e-named	d corporation submits this statement for the purpose of changing its r	egistered	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.							
SIGNATURE							
12.	Signature, typed or printed name of re	istered agent and title if applicable (NOTE: ERS AND DIRECTORS	Registered As	ent signatur	re required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I	IN 12	
TITLE	VD	DELETE	1.1 TITLE	0		Addition	
NAME			1.2 NAME		ROSNER, ELI 4413 CORDIA CIRCLE		
STREET ADDRESS	4396 ACACIA CIRCLE		1.3 STREE	T ADDRESS	1 '		
CITY-ST-ZIP			1.4 CITY-ST-ZIP C		COCONUT CREEK, FL		
TITLE	PD	☐ DELETE	2.1 TITLE	5		Addition	
NAME	17-17 17 17 17 17 17 17 17 17 17 17 17 17 1		2.2 NAME		PLINER, CHARLES 4477 CORDIA CIRCLE		
STREET ADDRESS	4369 ACACIA CIRCLE			T ADDRESS	AND LUT O OFF L		
CITY-ST-ZIP TITLE	COCONUT CREEK FL.			ST-ZIP	COCONUT CREEK, FL	A statistics	
NAME	CAMERANO, NICK	C DECEIE	3.1 TITLE 3.2 NAME		Change [Addition	
STREET ADDRESS	ARAA ARAANIA RIBRI M			T 4000000			
CITY-ST-ZIP	COCONUT CREEK FL			T ADDRESS			
TITLE	T TOOOTON CHEEK TE	DELETE	3.4. CITY- 4.1 TITLE	51-ZIP	Change [Addition	
NAME	GOLDSMITH, ARLENE		4. 2 NAME				
STREET ADDRESS	4396 ACACIA CIRCLE		4.3 STREET ADDRESS				
CITY-ST-ZIP	COCONUT CREEK FL		4.4 CITY-ST-ZIP				
TITLE	D	DELETE	5.1 TITLE	31-£II	Change [Addition	
NAME	ROSENSTEIN, FLEDA	 -	5.2 NAME				
STREET ADDRESS	4492 CORDIA CIRCLE			T ADDRESS			
CITY-ST-ZIP	COCONIT OPERA EL		5.4 CITY-				
TITLE	SD	DELETE	6.1 TITLE		☐ Change	Addition	
NAME '	ROSS, BERNICE 6.21		6.2 NAME				
STREET ADDRESS	ARREST AND ALL AND ALL		6.3 STREE	T ADDRESS			

14. 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 annual report or supplemental annual 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 cooler or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changod, or on an attachment with an address. Toldonith 3/1/98 (954) 979-0059 SIGNATURE: ARLENE GOLDSMITH arlen

6.4 City-St-ZIP