

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90058 048 ****61.25

DOCUMENT # 753818

1. Corporation Name

SAWGRASS VILLAGE I HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business
4396 ACACIA CIRCLE
COCONUT CREEK FL 33066

Mailing Address
4396 ACACIA CIRCLE
COCONUT CREEK FL 33066



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/19/1980

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-2035584

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POLIAKOFF, GARY A., ESQ.
3111 STIRLING ROAD
FT. LAUDERDALE FL 33130

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME ROSNER, ELI
STREET ADDRESS 4413 CORDIA CIR
CITY-ST-ZIP COCONUT CREEK FL

1.1 TITLE P ☐ Change ☒ Addition
1.2 NAME Charles Heft
1.3 STREET ADDRESS 4269 Acacia Circle
1.4 CITY-ST-ZIP Coconut Creek, FL 33066

TITLE S ☐ DELETE
NAME PLINER, CHARLES
STREET ADDRESS 4477 CORDIA CIR
CITY-ST-ZIP COCONUT CREEK FL

2.1 TITLE VP ☐ Change ☒ Addition
2.2 NAME Howard Silver
2.3 STREET ADDRESS 4400 Cordia Circle
2.4 CITY-ST-ZIP Coconut Creek, FL 33066

TITLE D ☐ DELETE
NAME CAMERANO, NICK
STREET ADDRESS 4281 ACACIA CIRCLE
CITY-ST-ZIP COCONUT CREEK FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE T ☐ DELETE
NAME GOLDSMITH, ARLENE
STREET ADDRESS 4396 ACACIA CIRCLE
CITY-ST-ZIP COCONUT CREEK FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME ROSENSTEIN, FREDA
STREET ADDRESS 4492 CORDIA CIRCLE
CITY-ST-ZIP COCONUT CREEK FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

(954) 979-0059

Date

Daytime Phone #

CR2E037 (11/98)