

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90252 025 ****61.25

DOCUMENT # 753818

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2035584

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROUGH, CHADROW & LEVINE, PA
1900 N COMMERCE PKWY
WESTON FL 33326**

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
Due By May 1, 2006**

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 ☐ Delete
NAME **P**
STREET ADDRESS **BORGERT, EDWIN**
CITY-ST-ZIP **4342 ACACIA CIR
COCONUT CREEK FL 33066**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **BROWN, NANCY**
CITY-ST-ZIP **441 CARDIA CIR
COCONUT CREEK FL 33066**

TITLE ☒ Delete
NAME **P**
STREET ADDRESS **BARONICK, DORICE**
CITY-ST-ZIP **4502 CORDIA CIR
COCONUT CREEK FL**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **EICHENBAUM, CHARLES**
CITY-ST-ZIP **4420 CORDIA CIR
COCONUT CREEK FL 33066**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **GIBSON, CHARLES**
CITY-ST-ZIP **4338 ACACIA CIR
COCONUT CREEK FL 33066**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **GOLDSMITH, ARLENE**
CITY-ST-ZIP **4346 ACACIA CIR
COCONUT CREEK FL 33066**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☒ Addition
NAME **EDWARD HELGON V.P.**
STREET ADDRESS **4360 ACACIA CIRCLE**
CITY-ST-ZIP **COCONUT CREEK, FL 33066**

TITLE ☐ Change ☒ Addition
NAME **BEVERLY PALUMBO**
STREET ADDRESS **4472 CORDIA CIRCLE**
CITY-ST-ZIP **COCONUT CREEK, FL 33066**

TITLE ☐ Change ☒ Addition
NAME **LINDA KOLMAN**
STREET ADDRESS **4484 CORDIA CIRCLE**
CITY-ST-ZIP **COCONUT CREEK, FL 33066**

TITLE ☒ Change ☒ Addition
NAME **ARLENE GOLDSMITH**
STREET ADDRESS **4346 ACACIA CIRCLE**
CITY-ST-ZIP **COCONUT CREEK, FL 33066**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: ARLENE GOLDSMITH *Arlene Goldsmith, Treasurer* 3/15/06 (904) 979-0059