2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 761286** Jan 28, 2000 8:00 am 1. Entity Name **Secretary of State** SAWGRASS VILLAGE II HOMEOWNERS ASSOCIATION, INC. 01-28-2000 90164 034 ****70.00 Principal Place of Business Mailing Address 2262 SEAGRAPE CIR 2262 SEAGRAPE CIR COCONUT CREEK FL 33066-2027 **COCONUT CREEK FL 33066** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-2144464 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DIEPHEN U DOOD SON JACQBSON, STEPHEN L 2282 SEAGRAPE CIRCLE COCONUT CREEK FL 33066 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. J900850N Sec SIGNATURE 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition ☐ Delete TITLE TITLE NAME POST, ROY NAME STREET ADDRESS STREET ADDRESS 2234 SEAGRAPE CIRCLE CITY-ST-ZIP CITY-ST-ZIP **COCONUT CREEK FL 33066** ☐ Change ☐ Addition TITLE ☐ Delete TITLE D۷ NAME NAME GENTRY, STANLEY STREET ADDRESS STREET ADDRESS 2204 SEAGRAPE CIRCLE CITY-ST-ZIP CITY-ST: ZIP COCONUT CREEK FL 33066 SEC/TRES. Change ☐ Addition ☐ Delete TITLE TITLE DTH NAME Jacobson, Stephen L NAME STREET ADDRESS STREET ADDRESS 2232 SEAGRAPE CIRCLE CITY-ST-ZIP CITY-ST-ZIP COCONUT CREEK FL 33066 Delete ☐ Change ☐ Addition DS TITLE NAME CARAVELLA, MARY NAME STREET ADDRESS STREET ADDRESS 2222 SEAGRAPE CIRCLE CITY-ST-ZIP CITY-ST-ZIP **COCONUT CREEK FL 33066** TITI F ☐ Change ☐ Addition TITLE NAME NAME STOKES, JAMES STREET ADDRESS STREET ADDRESS 2218 SEAGRAPE CIRCLE CITY-ST-ZIP CITY-ST-ZIP COCONUT CREEK FL 33066 Delete ☐ Change ☐ Addition TITLE FAYST, NATHAN NAME NAME STREET ADDRESS STREET ADDRESS 2254 SEAGRAPE CIRCLE CITY-ST-ZIP CITY-ST-ZIP COCONUT CREEK FL 33066 12. 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 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

with all other like empowered.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attact

SIGNATURE