

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 761286

1. Entity Name

SAWGRASS VILLAGE II HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

2262 SEAGRAPE CIR
COCONUT CREEK FL 33066

Mailing Address

2262 SEAGRAPE CIR
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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACOBSON, STEPHEN L
2232 SEAGRAPE CIRCLE
STE 112
COCONUT CREEK FL 33066

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.

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP POST, ROY 2234 SEAGRAPE CIRCLE COCONUT CREEK FL 33066	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GENTRY, STANLEY 2204 SEAGRAPE CIRCLE COCONUT CREEK FL 33066	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JACOBSON, STEPHEN L 2232 SEAGRAPE CIRCLE COCONUT CREEK FL 33066	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STEPHEN L. JACOBSON
Sec/Tres

Date

Daytime Phone #

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90029 041 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)