2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004
Secretary of State

DOCUMENT# 761286

Entity Name: SAWGRASS VILLAGE II HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2262 SEAGRAPE CIR
COCONUT CREEK, FL 33066

New Principal Place of Business:

Current Mailing Address:

2262 SEAGRAPE CIR
COCONUT CREEK, FL 33066

New Mailing Address:

FEI Number: 59-2144464 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

JACOBSON, STEPHEN L
2232 SEAGRAPE CIRCLE
STE 2117
COCONUT CREEK, FL 33066

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: _____ 02/19/2004
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: POST, ROY
Address: 2234 SEAGRAPE CIRCLE
City-St-Zip: COCONUT CREEK, FL 33066

Title: DV ( ) Delete
Name: GENTRY, STANLEY
Address: 2204 SEAGRAPE CIRCLE
City-St-Zip: COCONUT CREEK, FL 33066

Title: ST ( ) Delete
Name: JACOBSON, STEPHEN L
Address: 2232 SEAGRAPE CIRCLE
City-St-Zip: COCONUT CREEK, FL 33066

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: POST, ROY
Address: 2234 SEAGRAPE CIRCLE
City-St-Zip: COCONUT CREEK, FL 33066

Title: DP (X) Change ( ) Addition
Name: GENTRY, STANLEY
Address: 2204 SEAGRAPE CIRCLE
City-St-Zip: COCONUT CREEK, FL 33066

Title: S/T (X) Change ( ) Addition
Name: JACOBSON, STEPHEN L
Address: 2232 SEAGRAPE CIRCLE
City-St-Zip: COCONUT CREEK, FL 33066

Title: RS ( ) Change (X) Addition
Name: SHERRY, WOLFSON
Address: 2222 SEAGRAPE CIRCLE
City-St-Zip: COCONUT CREEK, FL 33066

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN L. JACOBSON S/T 02/19/2004
Electronic Signature of Signing Officer or Director — Date