

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90017 047 \*\*\*\*61.25

**DOCUMENT # 761286**

1. Entity Name

**SAWGRASS VILLAGE II HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

2262 SEAGRAPE CIR  
COCONUT CREEK FL 33066

2262 SEAGRAPE CIR  
COCONUT CREEK FL 33066

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2144464

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

**BAKALAR & EICHNER P. A.  
WESTSIDE CORPORATE CENTER  
150 S PINE ISLAND RD STE 540  
PLANTATION FL 33324**

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

*Bakalar & Eichner PA*

*3/12/2007*

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

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

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	DVP	<input type="checkbox"/> Delete
NAME	EICHELBAUM, NEIL	
STREET ADDRESS	2218 SEAGRAPE CIRCLE	
CITY-STATE-ZIP	COCONUT CREEK FL 33066	
TITLE	DP	<input type="checkbox"/> Delete
NAME	SOROSIAK, LEONARD	
STREET ADDRESS	2260 SEAGRAPE CIRCLE	
CITY-STATE-ZIP	COCONUT CREEK FL 33066	
TITLE	DT	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, MARTIN	
STREET ADDRESS	2260 SEAGRAPE CIR	
CITY-STATE-ZIP	COCONUT CREEK FL 33066	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SOROSIAK, LEONARD	
STREET ADDRESS	2212 SEAGRAPE CIR	
CITY-STATE-ZIP	COCONUT CREEK FL 33066	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KELLER, MARK	
STREET ADDRESS	2240 SEAGRAPE CIR	
CITY-STATE-ZIP	POMPANO BEACH FL 33066	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	WOLFSON, SHERRY	
STREET ADDRESS	2222 SEAGRAPE CIR	
CITY-STATE-ZIP	POMPANO BEACH FL 33066	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kupper, Carolyn	
STREET ADDRESS	2244 Seagrape Circle	
CITY-STATE-ZIP	Coconut Creek FL 33066	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rivera, Carmen	
STREET ADDRESS	2258 Seagrape Circle	
CITY-STATE-ZIP	Coconut Creek FL 33066	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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:** *Martin Goldstein* **Martin Goldstein-Treas.** *3/15/07* *(954) 971-2192*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #