2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
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:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: EICHELBAUM, NEIL
Address: 2218 SEAGRAPE CIRCLE
City-St-Zip: COCONUT CREEK, FL 33066

Title: DVP ( ) Delete
Name: WOLFSON, SHERRY
Address: 2222 SEAGRAPE CIRCLE
City-St-Zip: COCONUT CREEK, FL 33066

Title: DT ( ) Delete
Name: HETRICK, JOANNE
Address: 2202 SEAGRAPE CIR
City-St-Zip: COCONUT CREEK, FL 33066

Title: DS ( ) Delete
Name: KUPPER, CAROLYN
Address: 2244 SEAGRAPE CIRCLE
City-St-Zip: COCONUT CREEK, FL 33066

Title: D ( ) Delete
Name: KURLAND, RITA
Address: 2210 SEAGRAPE CIRCLE
City-St-Zip: POMPANO BEACH, FL 33066

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: NEIL EICHELBAUM PRES 04/07/2009

Electronic Signature of Signing Officer or Director — Date