2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005
Secretary of State

DOCUMENT# N03000002590

Entity Name: SAWGRASS ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS OF BROWARD COUNTY, INC.

Current Principal Place of Business:

8930 STATE ROAD 84
NO. 316
DAVIE, FL 33324

New Principal Place of Business:

Current Mailing Address:

8930 STATE ROAD 84
NO. 316
DAVIE, FL 33324

New Mailing Address:

FEI Number: 81-0603942 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOLONICK, LINDA M
9662 RIDGECREST COURT
DAVIE, FL 33328 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: IPP ( ) Delete
Name: JANKELUNAS, DANIEL T JR.
Address: 11088 N.W. 15 STREET
City-St-Zip: CORAL SPRINGS, FL 33071

Title: P ( ) Delete
Name: PISULA, JOHN R
Address: 3300 NORTH UNIVERSITY DRIVE, SUITE 250
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VP ( ) Delete
Name: SPINGARN, JOEL R
Address: 1041 S.E. 17TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: T ( ) Delete
Name: MARCUS, STEVEN M
Address: 7305 W. SAMPLE ROAD, SUITE 107
City-St-Zip: CORAL SPRINGS, FL 33065

Title: S ( ) Delete
Name: STEVENS, ROBERT D
Address: 6989 WEST COMMERCIAL BOULEVARD
City-St-Zip: TAMARAC, FL 33319

Title: ED ( ) Delete
Name: WOLONICK, LINDA M
Address: 8930 STATE ROAD 84, NO. 316
City-St-Zip: DAVIE, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BONCHICK, RICHARD
Address: 10100 W. SAMPLE ROAD, #313
City-St-Zip: CORAL SPRINGS, FL 33065

Title: IPP (X) Change ( ) Addition
Name: PISULA, JOHN R
Address: 3300 NORTH UNIVERSITY DRIVE, SUITE 250
City-St-Zip: CORAL SPRINGS, FL 33065

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

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

Title: S (X) Change ( ) Addition
Name: ALBANO, CARLA
Address: 4481 N. STATE ROAD 7
City-St-Zip: FORT LAUDERDALE, FL 33319

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

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: LINDA M. WOLONICK ED 03/02/2005

Electronic Signature of Signing Officer or Director — Date