FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 17 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N16024 (4)

1. Corporation Name
SAWGRASS ESTATES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7932 WILES ROAD CORAL SPRINGS FL 33067	7932 WILES ROAD CORAL SPRINGS FL 33067

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/24/1986
3a. Date of Last Report: 04/05/1994
4. FEI Number: 59-2722403 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CAFONE, MARY A
3170 N.W. 122ND AVENUE
SUNRISE FL 33323

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	V/D	☒ Change ☐ Addition
NAME	CAFONE, MARY A	12 NAME	Beth Saraceno	
STREET ADDRESS	3170 N.W. 122ND AVENUE	13 STREET ADDRESS	3160 N. W. 122nd Terrace	
CITY-ST-ZIP	SUNRISE FL	14 CITY-ST-ZIP	Sunrise, FL 33323	
TITLE	VD	21 TITLE	S/T/D	☐ Change ☒ Addition
NAME	KRAMER, JON	22 NAME	Michael Macaluso	
STREET ADDRESS	12247 N.W. 32ND MANOR *DELETE*	23 STREET ADDRESS	3103 N. W. 122nd Ave.	
CITY-ST-ZIP	SUNRISE FL	24 CITY-ST-ZIP	Sunrise, FL 33323	
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	SARACENO, BETH	32 NAME		
STREET ADDRESS	3160 N. W. 122ND TERRACE	33 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary Ann Cafone 4/4/95 (305) 425-1177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0008412