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Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N16024 (4)
1. Corporation Name
SAWGRASS ESTATES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 7932 WILES ROAD CORAL SPRINGS FL 33067		Mailing Address 7932 WILES ROAD CORAL SPRINGS FL 33067-2071	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
25		30	
3. Date Incorporated or Qualified 07/24/1986		3a. Date of Last Report 04/04/1996	
4. FEI Number 59-2722403		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent SARACENO, BETH 3160 NW 122ND TERR 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		85 Zip Code	
		FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	V/D
NAME	SARACENO, BETH	1.2 NAME	Thomas Burke
STREET ADDRESS	3160 NW 122ND TERRACE	1.3 STREET ADDRESS	12275 N. W. 31st Street
CITY-ST-ZIP	SUNRISE FL	1.4 CITY-ST-ZIP	Sunrise, FL 33323
TITLE	D	2.1 TITLE	S/T/D
NAME	CAFONE, MARYANN	2.2 NAME	Scott Gumora
STREET ADDRESS	3170 NW 122ND AVE	2.3 STREET ADDRESS	12269 N. W. 31st Street
CITY-ST-ZIP	SUNRISE FL	2.4 CITY-ST-ZIP	Sunrise, FL 33323
TITLE	STD	3.1 TITLE	
NAME	MACALUSO, MICHAEL	3.2 NAME	
STREET ADDRESS	3103 NW 122ND AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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.

CR2E037 (9/96)