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Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90047 031 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N16024

1. Corporation Name

SAWGRASS ESTATES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

% J&L PROPERTY MGMT., INC.
10191 W. SAMPLE ROAD, SUITE 203
CORAL SPRINGS FL 33065

Mailing Address

% J&L PROPERTY MGMT., INC.
10191 W. SAMPLE ROAD, SUITE 203
CORAL SPRINGS FL 33065



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	07/24/1986
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2722403
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip Country	Zip Country	
24 25	29 30	

9. Name and Address of Current Registered Agent

CALDERAZZO, JAMES
10191 W. SAMPLE ROAD
SUITE 203
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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	P/D
NAME	SARACENO, BETH	1.2 NAME	KERRY MYLOTT
STREET ADDRESS	3160 NW 122ND TERRACE	1.3 STREET ADDRESS	3246 NW 123 AVE
CITY-ST-ZIP	SUNRISE FL	1.4 CITY-ST-ZIP	SUNRISE FL 33323
TITLE	VD	2.1 TITLE	VP/D
NAME	THOMAS, BURKE	2.2 NAME	MIKE BASSOS
STREET ADDRESS	12275 N.W. 31ST STREET	2.3 STREET ADDRESS	12230 NW 30 MANOR
CITY-ST-ZIP	SUNRISE FL	2.4 CITY-ST-ZIP	SUNRISE FL 33323
TITLE	STD	3.1 TITLE	0
NAME	GUMORA, SCOTT	3.2 NAME	EUGENE KARNES
STREET ADDRESS	12269 N.W. 31ST STREET	3.3 STREET ADDRESS	3111 NW 123 TERRACE
CITY-ST-ZIP	SUNRISE FL	3.4 CITY-ST-ZIP	SUNRISE, FL 33323
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 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, with all other like empowered.

SIGNATURE:

KERRY MYLOTT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-29-99

Daytime Phone #

954-749-3635

CR2E037 (1/198)