

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16024

1. Entity Name

SAWGRASS ESTATES HOMEOWNERS' ASSOCIATION, INC.

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90015 021 ****61.25

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2722403

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/D
MYLOTT, KENNY
3246 NW 123RD AVE
SUNRISE FL 33323 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCOTT GUMORA
12269 NW 31 ST
SUNRISE FL 33323 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP/D
BASSOS, MIKE
12230 NW 30TH MANOR
SUNRISE FL 32323 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KARNES, EUGENE
3111 NW 123RD TERRACE
SUNRISE FL 33323 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2-21-01 / 954-749-3635

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)