## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 06, 2005 8:00 am Secretary of State DOCUMENT # N16024 1. Entity Name 04-06-2005 90105 002 \*\*\*\*61.25 SAWGRASS ESTATES HOMEOWNERS' ASSOCIATION. Principal Place of Business Mailing Address % J&L PROPERTY MGMT., INC. 10191 W. SAMPLE ROAD, SUITE 203 % J&L PROPERTY MGMT., INC. 10191 W. SAMPLE ROAD, SUITE 203 CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State Applied For 4. FEI Number 59-2722403 Not Applicable Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CALDERAZZO, JAMES Street Address (P.O. Box Number is Not Acceptable) 10191 W. SAMPLE ROAD SUITE 203 **CORAL SPRINGS FL 33065** 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Stanature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change Delete TITLE TITLE THOMAS BURKE ☐ Addition THOMAS & GRACE BURKE 12275NW3/STREET NAME NAME 12275 NW 31 ST STREET ADDRESS STREET ADDRESS SUNRISE, FL. 33323 SUNRISE FL 33323 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition GUMORA, SCOTT NAME NAME 12269 NW 31 STREET STREET ADDRESS STREET ADDRESS SUNRISE FL 33323 CITY-ST-7IP CITY-ST-7/P BETH FERNANDEZ (SECT) 3206 NW 123 AVENUE Addition Delete THILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS SUNRISE, FL 3332] CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-70 CITY+ST-ZIP ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP 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 empoyeechto 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.

**FILED** 

Date

Daytime Phone #