


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90220 009 \*\*\*\*61.25

|  |   |
|--|---|
| <b>DOCUMENT # Ni6024</b>                       |  |
| 1. Entity Name                                 |   |
| SAWGRASS ESTATES HOMEOWNERS' ASSOCIATION, INC. |   |

|   |   |
|---|---|
| Principal Place of Business   | Mailing Address   |
| % J&L PROPERTY MGMT., INC.<br>10191 W. SAMPLE ROAD, SUITE 203<br>CORAL SPRINGS FL 33065 | % J&L PROPERTY MGMT., INC.<br>10191 W. SAMPLE ROAD, SUITE 203<br>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 |



1st MOORE CR2E037 (10/05)

|   |  |            |  |                                |
|---|--|------------|--|--------------------------------|
| 4. FEI Number   |  | 59-2722403 |  | Applied For                    |
|   |  |            |  | Not Applicable                 |
| 5. Certificate of Status Desired <input type="checkbox"/> |  |            |  | \$8.75 Additional Fee Required |

|  |  |  |    |
|--|--|--|----|
| 6. Name and Address of Current Registered Agent                                  |  | 7. Name and Address of New Registered Agent        |    |
| CALDERAZZO, JAMES<br>10191 W. SAMPLE ROAD<br>SUITE 203<br>CORAL SPRINGS FL 33065 |  | Name   |    |
|  |  | Street Address (P.O. Box Number is Not Acceptable) |    |
|  |  |  |    |
|  |  | City   | FL |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|  |   |                                |  |
|--|---|--------------------------------|--|
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2006</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be<br>Added to Fees | <b>Make Check Payable to</b><br><b>Florida Department of State</b> |
|--|---|--------------------------------|--|

| 10. OFFICERS AND DIRECTORS |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|----------------------------|--|---|--|
| TITLE                      | VPS <input type="checkbox"/> Delete          | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | BURKE, THOMAS                                | NAME  |  |
| STREET ADDRESS             | 12275 NW 31 ST                               | STREET ADDRESS  |  |
| CITY-ST-ZIP                | SUNRISE FL 33323                             | CITY-ST-ZIP   |  |
| TITLE                      | PD <input type="checkbox"/> Delete           | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | GUMORA, SCOTT                                | NAME  |  |
| STREET ADDRESS             | 12269 NW 31 STREET                           | STREET ADDRESS  |  |
| CITY-ST-ZIP                | SUNRISE FL 33323                             | CITY-ST-ZIP   |  |
| TITLE                      | S <input checked="" type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | FERNANDEZ, BETH                              | NAME  | MATTHEW ESKOLIN  |
| STREET ADDRESS             | 3206 NW 123 AVE                              | STREET ADDRESS  | 12268 NW 31 STREET   |
| CITY-ST-ZIP                | SUNRISE FL 33323                             | CITY-ST-ZIP   | SUNRISE, FL 33323  |
| TITLE                      | <input type="checkbox"/> Delete              | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | NAME  |  |
| STREET ADDRESS             |  | STREET ADDRESS  |  |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |  |
| TITLE                      | <input type="checkbox"/> Delete              | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | NAME  |  |
| STREET ADDRESS             |  | STREET ADDRESS  |  |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |  |
| TITLE                      | <input type="checkbox"/> Delete              | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | NAME  |  |
| STREET ADDRESS             |  | STREET ADDRESS  |  |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:** \_\_\_\_\_