

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N16024

1. Entity Name

SAWGRASS ESTATES HOMEOWNERS' ASSOCIATION, INC.



FILED
Mar 07, 2008 08:00 A
Secretary of State

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 - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/07)

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent Signature is required when the statement is filed)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE VPS ☐ Delete
NAME BURKE, THOMAS
STREET ADDRESS 12275 NW 31 ST
CITY-ST-ZIP SUNRISE FL 33323

TITLE PD ☐ Delete
NAME GUMORA, SCOTT
STREET ADDRESS 12269 NW 31 STREET
CITY-ST-ZIP SUNRISE FL 33323

TITLE S ☐ Delete
NAME ESKOLIN, MATTHEW
STREET ADDRESS 12268 NORTHWEST 31 STREET
CITY-ST-ZIP SUNRISE FL 33323

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
U000000851147
03/25/08-80025-015 61.25

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: