

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N28968 (8)

1. Corporation Name

SAWGRASS ESTATES NORTH HOMEOWNERS ASSOCIATION, I
NC.

Principal Place of Business

Mailing Address

C/O BENCHMARK PROPERTY MGMT
7932 WILES RD
CORAL SPRINGS FL 33067C/O BENCHMARK PROPERTY MGMT
7932 WILES RD
CORAL SPRINGS FL 33067-20713. Date Incorporated or Qualified
10/24/19883a. Date of Last Report
04/08/19964. FEI Number
65-0126269Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GUNTERT, DAVID
3510 NW 121 AVE
SUNRISE FL 33323

81 Name

Sam Weitz

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

3471 N. W. 121st Avenue

83

84 City

Sunrise,

FL

85 Zip Code
33323

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]* (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	GUNTERT, DAVID	3510 NW 121 AVE1	SUNRISE FL	<input checked="" type="checkbox"/>
V	WEITZ, SAM	3471 NW 121 AVE	SUNRISE FL	<input type="checkbox"/>
SD	CLANCY, MARY	3433 NW 122 AVE	SUNRISE FL	<input checked="" type="checkbox"/>
TD	SOLOMAN, MARK	12125 NW 34 ST	SUNRISE FL	<input type="checkbox"/>
D	TRACEY, CHERYL	12119 NW 35TH STREET	SUNRISE FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
P	Sam Weitz	3471 N. W. 121st Ave.	Sunrise, FL 33323	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V/T/D	Mark Soloman	12125 N. W. 34th St.	Sunrise, FL 33323	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S/D	Josephine Tonks	12111 N. W. 35th St.	Sunrise, FL 33323	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Ronald Castro	3400 N. W. 121st Ave.	Sunrise, FL 33323	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER

7-14-97 854-742-6137

CR2E037 (9/96)