1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N28968

1. Corporation Name

SAWGRASS ESTATES NORTH HOMEOWNERS ASSOCIATION, I

Principal Place of Business
C/O BENCHMARK PROPERTY MGMT
7932 WILES RD
CORAL SPRINGS FL 33067

2. Principal Place of Business

Suite Ant # etc

21

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

C/O BENCHMARK PROPERTY MGMT 7932 WILES RD CORAL SPRINGS FL 33067

FILED Mar 09, 1999 8:00 am § Secretary of State

03-09-1999 90126 015 ****61.25



Applied For

3. Date Incorporated or Qualifed

10/24/1988

4. FEI Number

22		27	27					⊸ 6	35-01262	269			No	Applicable
City & Stat	.0		City & State					£ ^		4 Ctable 5	animad .	П	\$8.75 A	dditional
23		28	28					5. Certifcate of Status Desired					Fee Re	quired
Zip	C	Country	Zip	ountry			6. Election Campaign Finance)g []	\$5.00	May Be	
24	25 29 30					Trust Fund Contribution					ion	□ .	Added to	o Fees
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent								
						Name		ont	nine	ጥረካኑ	c			
SAM WEITZ						Street	Addres	e la c	D. Box Nur	nber is No	ot Accepta	able)		
3471 NW 121ST AVE						Outou			N. W					
SUNRISE FL 33323														
SUMPLIE LE 20023						Cit.							85 Zip C	'ode
						84 City Sunrise						FL	<u> 3</u> 33	23
11. Pursuant	11. Pursuant to the provisions of Sections 517.0502 and 517.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered													
11. Pursuant to the provisions of Sections 517.0502 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 familial with, and accept the obligations of Section 617.0503, Florida Statutes.														
	$\sim 10^{-1} \text{ M}_{\odot}$													
SIGNATURE	SIGNATURE Signature, bed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
12.		OFFICERS AND DIF	RECTORS	1:	3.	_		ΑE	DDITIONS	CHANGE	S TO OF	FICERS AN	ND DIRECTO	
TITLE	P		D	ELETE 1.1	TILE		P						Change	Addition
NAME	SAM WEITZ			1.2	NAME				hine-					
STREET ADDRESS						1.3 STREET ADDRESS 12			N. V	V. 35	ith S	St.		
CITY-ST-ZIP						r-ZIP	Sun	ri	se, E	L 33	323			
TITLE	VTD		. D	ELETE 2.1	MLE		V/I) ;					☐ Change	Addition
NAME	MARK SOLOMAN 22						Chr	is	ty Mo	elle	er			
STREET ADDRESS	ABARE BRALOWELL OF					ADDRESS	344	19 1	N.W.	122r	nd St	:.	•	
CITY-ST-ZIP	SUNRISE FL 2.44						Sur	ri	se. I	'I - 33	3323	,- erc _e-	≠	<u> - · . </u>
TITLE	SD		□ D	ELETE 3.1	TITLE		S /	D	•				Change	Addition
NAME	JOSEPKHINE TONKS 3.21					NAME Sam Weitz								
STREET ADDRESS	ADAM ARM OF THE OT					ADDRESS	347	71	N.W.	121s	st Av	7e.	•	
CITY-ST-ZIP	SUNRISE FL			3.4	CITY-S	T-ZIP	Sur	<u>rri</u>	se, I	FI 33	3323			
TITLE	TD		□ D	ELETE 4.1	TITLE		D						Change	Addition
NAME	SOLOMAN, MA	NRK		4.1	2 NAME				astro					
STREET ADDRESS	12125 NW 34 ST 43					4.3 STREET ADDRESS 3400 N.W. 1						Je.		į
CITY-ST-ZIP	SUNRISE FL				CITY-\$	r-zip	Sur	nri	se,	FI 3	<u>3323</u>			
TITLE	D		₹o	ELETE 5.1	TITLE								Change	☐ Addition
NAME	GUNTERT, DAV	/ID	•	5.2	NAME									
STREET ADDRESS	s 3510 NW 121ST AVE 5.3 ST						6							
CITY-ST-ZIP	SUNRISE FL 3	3323			CITY-S	r-zip								<u>_</u>
TITLE			_ D	ELETE 6.1	TITLE			•					Change	Addition
NAME				6.2	NAME	•					•			1
STREET ADDRESS				6.3	STREET	ADDRES	3							
CITY-ST-ZIP				6.4	CITY-S	r-zip	<u> </u>				-			

14. 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 annual report or supplemental annual report is trye 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 endowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 13 if chapted or on an attachment with an address with all other like empowered.

SIGNATURE

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytim

4-34-5353 Daytime Phone #

(11/30)