

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

03-12-2002 90026 050 \*\*\*\*61.25

**DOCUMENT # N28968**

1. Entity 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 33067****C/O BENCHMARK PROPERTY MGMT  
7932 WILES RD  
CORAL SPRINGS FL 33067**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**65-0126269**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KAYE & ROGER PA  
6261 NW 6 WAY  
FORT LAUDERDALE FL 33309**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DS	<input type="checkbox"/> Delete
NAME	TONKS, JOSEPHINE	
STREET ADDRESS	12111 N W 35TH ST	
CITY-ST-ZIP	SUNRISE FL 33323	

TITLE	Director-Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tonks, Josephine	
STREET ADDRESS	12111 NW 35 St	
CITY-ST-ZIP	Sunrise, FL 33323	

TITLE	D	<input type="checkbox"/> Delete
NAME	WEITZ, SAM	
STREET ADDRESS	3471 N W 121ST AVE	
CITY-ST-ZIP	SUNRISE FL 33323	

TITLE	Director-VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Weitz, Sam	
STREET ADDRESS	3471 NW 121 Ave	
CITY-ST-ZIP	Sunrise, FL 33323	

TITLE	TD	<input type="checkbox"/> Delete
NAME	SOLOMAN, MARK	
STREET ADDRESS	12125 NW 34 ST	
CITY-ST-ZIP	SUNRISE FL	

TITLE	Director-Sec/Treas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Solomon, Mark	
STREET ADDRESS	12125 NW 34 St	
CITY-ST-ZIP	Sunrise, FL 33323	

TITLE	DP	<input type="checkbox"/> Delete
NAME	MOELLER, CHRISTY	
STREET ADDRESS	3449 N W 122ND ST	
CITY-ST-ZIP	SUNRISE FL 33323	

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Moeller, Christy	
STREET ADDRESS	3449 NW 122 St	
CITY-ST-ZIP	Sunrise, FL 33323	

TITLE	D	<input type="checkbox"/> Delete
NAME	GONZALEZ, ED	
STREET ADDRESS	3490 NW 121 AVE	
CITY-ST-ZIP	SUNRISE FL 33323	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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:

**SIGNATURE REQUIRED**

1/22/02

Date

Daytime Phone #

CR2E037 (9/01)