

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90078 024 \*\*\*\*61.25

<b>DOCUMENT # N28968</b>					
<b>1. Entity Name</b> SAWGRASS ESTATES NORTH HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> SWIFT MANAGEMENT & SOLUTIONS 1750 UNIVERSITY DR. #205 CORAL SPRINGS, FL 33071			<b>Mailing Address</b> SWIFT MANAGEMENT & SOLUTIONS 1750 UNIVERSITY DR. #205 CORAL SPRINGS, FL 33071		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0126269	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  SWIFT MANAGEMENT & SOLUTIONS 1750 UNIVERSITY DR. #205 CORAL SPRINGS, FL 33071				<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DP TONKS, JOSEPHINE 12111 N W 35TH ST SUNRISE, FL 33323	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	SEC BETTY DESOTO 12145 NW 35 PLACE SUNRISE, FL 33323
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VPD LAGGY, JOHN 3420 NW 121 AVE SUNRISE, FL 33323	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MONICA CUPID 12140 NW 34 STREET SUNRISE FL 33323
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	T SOLOMAN, MARK 12125 NW 34 ST SUNRISE, FL 33323	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	SD VP MEYERS, STEVE 12152 NW 35TH PL SUNRISE, FL 33323	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D SEIDEN, GERRY 12128 NW 35 PL SUNRISE, FL 33323	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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.</b>					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2/28/05 9543416340 Date Daytime Phone #		