2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

DOCUMENT# N28968

Entity Name: SAWGRASS ESTATES NORTH HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

SWIFT MANAGEMENT & SOLUTIONS
1750 UNIVERSITY DR. #205
CORAL SPRINGS, FL 33071

New Principal Place of Business:

Current Mailing Address:

SWIFT MANAGEMENT & SOLUTIONS
1750 UNIVERSITY DR. #205
CORAL SPRINGS, FL 33071

New Mailing Address:

FEI Number: 65-0126269 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SWIFT MANAGEMENT & SOLUTIONS
1750 UNIVERSITY DR. #205
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: MAYER RODRIGUEZ, JAN
Address: 3401 N. WIZZ AVE.
City-St-Zip: SUNRISE, FL 33323

Title: PD ( ) Delete
Name: CLANCY, MARY
Address: 3433 NW 122 AVE
City-St-Zip: SUNRISE, FL 33323

Title: T ( ) Delete
Name: TARNOWSKI, JAMES
Address: 12102 NW 35TH ST
City-St-Zip: SUNRISE, FL 33323

Title: VPD ( ) Delete
Name: SOLOMON, PAULA
Address: 12125 NW 34TH STREET
City-St-Zip: SUNRISE, FL 33323

Title: D (X) Delete
Name: RUTHERFORD, MARWA
Address: 3425 NW 122ND AVE
City-St-Zip: FORT LAUDERDALE, FL 33323

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: RODRIGUEZ, JAN
Address: 3401 NW 122 AVE
City-St-Zip: SUNRISE, FL 33323

Title: D (X) Change ( ) Addition
Name: RUTHERFORD, MARWA
Address: 3425 NW 122 AVE
City-St-Zip: SUNRISE, FL 33323

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY CLANCY P 01/23/2009

Electronic Signature of Signing Officer or Director — Date