

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28968

FILED
Feb 15, 2011
Secretary of State

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: VPD
Name: CROSNO, FRED
Address: 3409 NW 122 AVE
City-St-Zip: SUNRISE, FL 33323

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

Title: SD
Name: GOURZONG, LATTY
Address: 12167 NW 35 ST
City-St-Zip: SUNRISE, FL 33323

Title: D
Name: LAGGY, JOHN
Address: 3420 NW 121 AVE
City-St-Zip: SUNRISE, FL 33323

Title: TD
Name: KLINE, THERESA
Address: 3451 NW 121 AVE
City-St-Zip: SUNRISE, FL 33323

I hereby 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 all other like empowered.

SIGNATURE: MARY CLANCY

PD

02/15/2011

Electronic Signature of Signing Officer or Director

Date