

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28968

FILED  
Jan 19, 2012  
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: FRED CROSNO

PD

01/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date