

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90049 026 ****61.25

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **N 28968**

1. Entity Name

**SAUCEGRASS ESTATES NORTH
HOMEDOWNERS ASSOCIATION INC**



20015973

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Swift Management & Solutions

Suite, Apt. #, etc.

Swift Management & Solutions

City & State

1750 University Dr. #205

City & State

1750 University Dr. #205

Zip

Coral Springs, FL 33071

Zip

Country

4. FEI Number

65-0126269

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Swift Management & Solutions

Street Address (P.O. Box Numbers Not Acceptable)

1750 University Dr. #205

City

Coral Springs, FL 33071

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	Pres/Phineas TOWKS
NAME	JOSEPH TOWKS
STREET ADDRESS	12th NW 35th ST
CITY-ST-ZIP	SUNRISE FL 33323
TITLE	VPO
NAME	JOHN LA 664
STREET ADDRESS	3420 NW 121 Ave
CITY-ST-ZIP	SUNRISE FL 33323
TITLE	Secy
NAME	ROSA CASTRO
STREET ADDRESS	3400 NW 121 Ave
CITY-ST-ZIP	SUNRISE FL 33323
TITLE	Treas
NAME	MARK SOLOMON
STREET ADDRESS	1215 NW 35th ST
CITY-ST-ZIP	SUNRISE FL 33323
TITLE	Director
NAME	GERRY SEIDEN
STREET ADDRESS	1215 NW 35th PL
CITY-ST-ZIP	SUNRISE FL 33323
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joseph TOWKS Pres.

1/7/03 9543416340

Joseph TOWKS

CR2E037B (12/02)