

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N32423

1. Entity Name
OSPREY AT SAWGRASS MILLS HOMEOWNERS
ASSOCIATION, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 16 PM 1:23

Principal Place of Business
C/O MIAMI MANAGEMENT
1145 SAWGRASS CORP PKWY
SUNRISE, FL 33323 US

Mailing Address
C/O MIAMI MANAGEMENT
1145 SAWGRASS CORP PKWY
SUNRISE, FL 33323 US

12/11/06 01056 016 \$61.25



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01032007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
65-0155328

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KATZMAN & KORR, PA
1501 NW 49TH STREET
SUITE 202
FORT LAUDERDALE, FL 33309

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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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
KOLKER, SONDR
1145 SAWGRASS CORP PKWY
SUNRISE, FL 33323

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
SANCHEZ, JOHN
1145 SAWGRASS CORP PKWY
SUNRISE, FL 33323

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
TUNON, JEANNE
1145 SAWGRASS CORP PKWY
SUNRISE, FL 33323

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DONDZIL, TED
1145 SAWGRASS CORP PKWY
SUNRISE, FL 33323

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROTHFIELD, NORM
1145 SAWGRASS CORP PKWY
SUNRISE, FL 33323

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John B. Sanchez John B. Sanchez 1/8/07