


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N32423</b> 1. Entity Name OSPREY AT SAWGRASS MILLS HOMEOWNERS ASSOCIATION, INC.	
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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
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**DO NOT WRITE IN THIS SPACE**



01032008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0155328	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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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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**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

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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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 B 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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01/31/08-80014-017 61.25

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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:** *John B. Sanchez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #