


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N39976		
1. Entity Name THE POINTE AT SAWGRASS MILLS HOMEOWNERS' ASSOCIATION, INC.		
Principal Place of Business %MIAMI MGMT, INC 1145 SAWGRASS CORP. PKWY SUNRISE, FL 33323 US	Mailing Address %MIAMI MGMT, INC 1145 SAWGRASS CORP. PKWY SUNRISE, FL 33323 US	



01032007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0286359	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent THE LAW OFFICES OF KATZMAN & KORR, P.A. 5581 WEST OAKLAND PARK BLVD. SECOND FLOOR LAUDERHILL, FL 33313
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**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	SD MELTON, TAMMY 1145 SAWGRASS CORPORATION PARKWAY SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JIMENEZ, MANNY 1145 SAWGRASS CORPORATION PARKWAY SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WHITTEN, SCOTT 1145 SAWGRASS CORPORATION PARKWAY SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STROUD, WILLIAM 1145 SAWGRASS CORPORATION PARKWAY SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALDES, LEANNE 1145 SAWGRASS CORPORATION PARKWAY SUNRSIE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/23/07-80078-013 61.25

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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: Tammy Melton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/07
Date

Daytime Phone #