

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2008 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**



01032008 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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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 renewing.) DATE _____

**Filing Fee is \$81.25
Due by May 1, 2008**

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JIMENEZ, MANNY 1145 SAWGRASS CORPORATION PARKWAY SUNRISE, FL 33323
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WHITTEN, SCOTT 1145 SAWGRASS CORPORATION PARKWAY SUNRISE, FL 33323
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STROUD, WILLIAM 1145 SAWGRASS CORPORATION PARKWAY SUNRISE, FL 33323
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALDES, LEANNE 1145 SAWGRASS CORPORATION PARKWAY SUNRSIE, FL 33323
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
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 #