## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 02, 1999 8:00 am § Secretary of State

03-02-1999 90068 023 \*\*\*\*61.25

DOCL	IMENT:	# N2	13893

1. Corporation Name

THE SAWGRASS ASSOCIATION OF LIFE UNDERWRITERS, I

Principal Place of Business 9715 W. BROWARD BLVD. STE 126 PLANTATION FL 33324

Mailing Address 9715 W. BROWARD BLVD.

STE 126

PLANTATION FL 33324

|--|--|--|--|

2. Principal P	Place of Business 2a. Mailing Address 26				3. Date Incorporated or Qualifed 06/17/1991				
Suite, Apt.	# etc	Suite, Apt. #, etc.			4. FEI Number		Ap	plied For	
		27			65-0192502		No	Applicable	
City & State City & State				5. Certificate of Status Desired		\$8.75 Additional Fee Required			
23] Zip	Country	Zip	Country	,	6. Election Campaign Financing	· · · · · · · · · · · · · · · · · · ·	\$5.00	May Re	
— ·		29 30	- ·		Trust Fund Contribution		Added to		
24	9. Name and Address of Current		<u> </u>		10. Name and Address of New F	eaistered .			
	5. Name and Address of Current	registered Agent	81	Name					
			Ĺ						
THOMAS,	MYRNA		82	82 Street Address (P.O. Box Number is Not Acceptable)					
9715 W. E	Broward Blvd.		-				<del></del>		
STE 126	***		83					, .	
PLANTATI	ON FL 33324		84	City			85 Zip C	Code	
	•			1		<u> FL</u>	.		
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was authons of, Section 617.0503, Florida	orized by a Statutes	ine corporatio	on's poard of directors. Thereby accep	purpose of t the appoi	changing its	registered gistered	
	Signature, typed or printed name of registered agent a			nt signature required	d when reinstating) ADDITIONS/CHANGES TO OF		ID DIRECTO	DS IN 12	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF	FICERS AN		Addition	
TITLE	AVP	□ DELETE	1.1 TITLE				Change	T Addition	
NAME	Lanza, ettore		1.2 NAME	1			•		
STREET ADDRESS	4974 NW 106TH WAY		1.3 STREE	TADORESS			:		
CITY-ST-ZIP	CORAL SPRINGS FL 33076	_	1.4 CITY-S	T-ZIP		•			
TITLE	D	DELETE	2.1 TITLE	1			Change	☐ Addition	
NAME	TAYLOR, BRUCE	•	2.2 NAME	]					
STREET ADDRESS	1451 SW 68TH AVENUE		2.3 STREE	TADORESS		•			
CITY-ST-ZIP	PLANTATION FL 33317		2.4 CITY-	ST-ZIP			• • '		
	<b>■</b> D	☐ DELETE	3.1 TITLE				Change	Addition	
NAME	FREILICH, JANE		3.2 NAME			,			
· -			<b>1</b>	TADORESS					
STREET ADDRESS	1170 NW 101ST AVENUE			· · · · ·		.•			
CITY-ST-ZIP	PLANTATION FL 33322	☐ DELETE	3.4. CITY-:	31-28"			Change	Addition	
TITLE	<b>2</b> T	- OLLLIL							
NAME	HAFT, GARY S.		4. 2 NAME						
STREET ADDRESS	5315 N.W. 108TH WAY			TADDRESS					
CITY-ST-ZIP	CORAL SPRINGS FL 33076		4.4 CITY-S	ST-ZIP			Change	Addition	
TITLE	W P	☐ DELETÉ	5.1 TITLE		•				
NAME	BOYLAN, JAMES		5.2 NAME						
STREET ADDRESS	8489 NW 15TH COURT			TADORESS			,		
CITY-ST-ZIP	CORAL SPRINGS FL 33071		5.4 CITY-5	T-ZIP	;				
TITLE	D	☐ DELETE	6.1 TTLE			• • • • • • • • • • • • • • • • • • • •	☐ Change	Addition	
NAME	SIEGEL, WILLIAM G.		6.2 NAME						
STREET ADDRESS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		6.3 STREE	TADORESS					
	: ==== 1177  V V  /\TL								

CITY-ST-ZIP

PLANTATION FL 33324

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: