

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002311 (8)

1. Corporation Name

SAWGRASS VILLAGE OF TIMBER GREENS, INC.



Principal Place of Business

Mailing Address

**2368 FAIRSKIES DRIVE
SPRING HILL FL 34606**

**2368 FAIRSKIES DRIVE
SPRING HILL FL 34606**

3. Date Incorporated or Qualified
05/09/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21 10730 U.S. 19

2a. Mailing Address
26 10730 U.S. 19

4. FEI Number
59-3291950

Applied For
Not Applicable

Suite, Apt. #, etc.
22 Suite 17

Suite, Apt. #, etc.
27 Suite 17

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State
23 Port Richey, FL

City & State
28 Port Richey, FL

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip Country
24 34668 25 Pasco

Zip Country
29 34668 30 Pasco

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARTINS, JOHN
2368 FAIRSKIES DRIVE
SPRING HILL FL 34606**

**81 Name
Qualified Property Management, Inc.
82 Street Address (P.O. Box Number is Not Acceptable)
10730 U.S. 19
83 Suite 17
84 City
Port Richey FL 85 Zip Code
34668**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-statuting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MARTINS, JOHN	
STREET ADDRESS	2368 FAIRSKIES DRIVE	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, DOROTHY	
STREET ADDRESS	2368 FAIRSKIES DRIVE	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	LUKASZEWSKI, JOHN J JR	
STREET ADDRESS	2368 FAIRSKIES DRIVE	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FERTIG, ROBERT F	
STREET ADDRESS	2368 FAIRSKIES DRIVE	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Deneen, William	
1.3 STREET ADDRESS	9301 Clearmeadow	
1.4 CITY-ST-ZIP	New Port Richey, FL 34655	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Lansman, Martin	
2.3 STREET ADDRESS	9315 Clearmeadow	
2.4 CITY-ST-ZIP	New Port Richey, FL 34655	
3.1 TITLE	TSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Brandenburger, Richard	
3.3 STREET ADDRESS	9237 Clearmeadow	
3.4 CITY-ST-ZIP	New Port Richey, FL 34655	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)