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Mar 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002311 (8)

1. Corporation Name

SAWGRASS VILLAGE OF TIMBER GREENS, INC.



Principal Place of Business

Mailing Address

10730 US 19
SUITE 17
PORT RICHEY FL 34668
US10730 US 19
SUITE 17
PORT RICHEY FL 34668-2883
US3. Date Incorporated or Qualified
05/09/19943a. Date of Last Report
03/29/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

QUALIFIED PROPERTY MANAGEMENT IN
10730 US 19
SUITE 17
PORT RICHEY FL 34668

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME DENEEN, WILLIAM
STREET ADDRESS 8301 CLEARMEADOW
CITY-ST-ZIP NEW PORT RICHEY FL
☐ DELETE1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ AdditionTITLE ~~MD~~
NAME ~~LANSMAN, MARTIN ---~~
STREET ADDRESS ~~9316 CLEARMEADOW ---~~
CITY-ST-ZIP ~~NEW PORT RICHEY FL ---~~
☒ DELETE2.1 TITLE V/D
2.2 NAME Raponi, Larry
2.3 STREET ADDRESS 9249 Clearmeadow
2.4 CITY-ST-ZIP New Port Richey, FL
☐ Change ☒ AdditionTITLE TSD
NAME BRANDENBURGER, RICHARD
STREET ADDRESS 9237 CLEARMEADOW
CITY-ST-ZIP NEW PORT RICHEY FL
☐ DELETE3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do 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.

SIGNATURE:

WILLIAM C. DENEEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-21-97

Daytime Phone # 0068318

CR2E037 (9/96)