

FILE NOW: FILING FEE IS \$61.25

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Feb 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 US	10730 US 19 SUITE 17 PORT RICHEY FL 34668 US

3. Date Incorporated or Qualified

**05/09/1994**

4. FEI Number

**59-3291950**

Applied For

Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

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

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	<del>BENEEN, WILLIAM</del>	
STREET ADDRESS	<del>9301-CLEARMEADOW</del>	
CITY-ST-ZIP	<del>NEW-PORT RICHEY-FL</del>	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	<del>RAPONI, LARRY</del>	
STREET ADDRESS	<del>9249-CLEARMEADOW</del>	
CITY-ST-ZIP	<del>NEW-PORT RICHEY-FL</del>	
TITLE	TSD	<input checked="" type="checkbox"/> DELETE
NAME	<del>BRANDENBURGER, RICHARD</del>	
STREET ADDRESS	<del>9237-CLEARMEADOW</del>	
CITY-ST-ZIP	<del>NEW-PORT RICHEY-FL</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Rauner, Fritz	
1.3 STREET ADDRESS	9316 Cool Breeze	
1.4 CITY-ST-ZIP	New Port Richey, FL	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Semeraro, Fred	
2.3 STREET ADDRESS	9302 Clearmeadow	
2.4 CITY-ST-ZIP	New Port Richey, FL	
3.1 TITLE	TSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Keefe, Tom	
3.3 STREET ADDRESS	9351 Clearmeadow	
3.4 CITY-ST-ZIP	New Port Richey, FL	
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 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:

*Thomas J. Keefe*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jan 28, 1998 813-372-2383*  
Date Daytime Phone # 00000000

CR2E037 (10/97)