

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90034 002 \*\*\*\*61.25

**DOCUMENT # N95000002156**

1. Entity Name  
**HOMEOWNER'S ASSOCIATION OF SAWGRASS  
VILLAGE, INC.**



Principal Place of Business  
**7100 W COMMERCIAL BLVD  
SUITE 107  
LAUDERHILL, FL 33819 US**

Mailing Address  
**7100 W COMMERCIAL BLVD  
SUITE 107  
LAUDERHILL, FL 33819 US**

40040040



01302008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**65-0574396**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AMBASSADOR COMMUNITY MANAGEMENT  
7100 W COMMERCIAL BLVD  
SUITE 107  
LAUDERHILL, FL 33819**

Name

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

City

**FL**

Zip Code

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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete  
NAME **NEVELOFF, MARC**  
STREET ADDRESS **13470 NW 7TH ST**  
CITY-ST-ZIP **PLANTATION, FL 33325**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☐ Delete  
NAME **LUTZ, JAMES**  
STREET ADDRESS **720 NW 134TH TERR**  
CITY-ST-ZIP **PLANTATION, FL 33325**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☒ Delete  
NAME **OPDYKE, CORIE**  
STREET ADDRESS **13471 NW 7TH ST**  
CITY-ST-ZIP **PLANTATION, FL 33325**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Debra Boutin** ☐ Delete  
NAME **13520 NW 7th St**  
STREET ADDRESS **Plantation, FL 33325**  
CITY-ST-ZIP

TITLE **S** ☐ Change ☒ Addition  
NAME **Boutin, Debra**  
STREET ADDRESS **13520 NW 7th St.**  
CITY-ST-ZIP **Plantation, FL 33325**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 #

2/1/08 954-845-9206