


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N98000001679 1. Entity Name SAWFISH HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 403 OLD JUPITER BCH RD. JUPITER, FL 33477 US	Mailing Address 403 OLD DJUPITER BCH JUPITER, FL 33477 US
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02192007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0849125	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WILKINS, BONNIE 403 OLD JUPITER BCH RD JUPITER, FL 33477

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TORSIELLO, JOE 385 OLD JUPITER BCH RD JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VICKER, KERRY 353 OLD JUPITER BCH RD JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WILKINS, BONNIE 403 OLD JUPITER BCH RD JUPITER, FL 33477
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**DO NOT WRITE
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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: Bonnie Wilkins Bonnie Wilkins ST 2/20/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #