

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N28968

**FILED**  
**Jan 15, 2014**  
**Secretary of State**  
**CC4616463462****Entity Name:** SAWGRASS ESTATES NORTH HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**SWIFT MANAGEMENT & SOLUTIONS  
1750 UNIVERSITY DR. #205  
CORAL SPRINGS, FL 33071**Current Mailing Address:**SWIFT MANAGEMENT & SOLUTIONS  
1750 UNIVERSITY DR. #205  
CORAL SPRINGS, FL 33071**FEI Number:** 65-0126269**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SWIFT MANAGEMENT & SOLUTIONS  
1750 UNIVERSITY DR. #205  
CORAL SPRINGS, FL 33071 US*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.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	SD
Name	GOURZONG, LATTY
Address	12167 NW 35 ST
City-State-Zip:	SUNRISE FL 33323

Title	TREASURER
Name	LAGGY, JOHN
Address	3420 NW 121 AVE
City-State-Zip:	SUNRISE FL 33323

Title	PRESIDENT
Name	KLINE, THERESA
Address	3451 NW 121 AVE
City-State-Zip:	SUNRISE FL 33323

Title	DIRECTOR
Name	CASTRO, RONALD
Address	3400 NW 121 AVENUE
City-State-Zip:	SUNRISE FL 33323

Title	DIRECTOR
Name	SAIEVA, TODD
Address	12101 NW 34TH STREET
City-State-Zip:	SUNRISE FL 33323

Title	GRIEVANCE COMMITTEE
Name	SOLOMON, PAULA
Address	12125 NW 34 STREET
City-State-Zip:	SUNRISE FL 33323

Title	GRIEVANCE COMMITTEE
Name	KOLB, SEAN
Address	12104 NW 35 PLACE
City-State-Zip:	SUNRISE FL 33323

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** THERESA KLINE

PD

01/15/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date