

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28968

FILED
Apr 20, 2022
Secretary of State
9606248385CC**Entity Name:** SAWGRASS ESTATES NORTH HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**11784 WEST SAMPLE ROAD
SUITE 103
CORAL SPRINGS, FL 33065**Current Mailing Address:**11784 WEST SAMPLE ROAD
SUITE 103
CORAL SPRINGS, FL 33065 US**FEI Number:** 65-0126229**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**UNITED COMMUNITY MANAGEMENT CORP
11784 WEST SAMPLE ROAD
SUITE 103
CORAL SPRINGS, FL 33065 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:** RENEE CAMPBELL

04/20/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name GOURZONG, LASCELLE
Address UNITED COMMUNITY MANAGEMENT
CORP
11784 WEST SAMPLE ROAD 103
City-State-Zip: CORAL SPRINGS FL 33065

Title PRESIDENT
Name KLINE, THERESA
Address UNITED COMMUNITY MANAGEMENT
CORP
11784 WEST SAMPLE ROAD 103
City-State-Zip: CORAL SPRINGS FL 33065

Title DIRECTOR
Name CASTRO, RONALD
Address UNITED COMMUNITY MANAGEMENT
CORP
11784 WEST SAMPLE ROAD 103
City-State-Zip: CORAL SPRINGS FL 33065

Title DIRECTOR
Name BARRACO, ANDRE
Address UNITED COMMUNITY MANAGEMENT
CORP
11784 WEST SAMPLE ROAD 103
City-State-Zip: CORAL SPRINGS FL 33065

Title DIRECTOR
Name SOLOMON, PAULA
Address 11784 WEST SAMPLE ROAD
SUITE 103
City-State-Zip: CORAL SPRINGS FL 33065

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

PRESIDENT

04/20/2022

Electronic Signature of Signing Officer/Director Detail

Date