

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28968

FILED
Jan 31, 2017
Secretary of State
CC2416459965**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:** 65-0126229**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, LARRY
Address	SWIFT MANAGEMENT & SOLUTIONS 1750 UNIVERSITY DR. #205
City-State-Zip:	CORAL SPRINGS FL 33071

Title	TREASURER
Name	LAGGY, JOHN
Address	SWIFT MANAGEMENT & SOLUTIONS 1750 UNIVERSITY DR. #205
City-State-Zip:	CORAL SPRINGS FL 33071

Title	PRESIDENT
Name	KLINE, THERESA
Address	SWIFT MANAGEMENT & SOLUTIONS 1750 UNIVERSITY DR. #205
City-State-Zip:	CORAL SPRINGS FL 33071

Title	DIRECTOR
Name	CASTRO, RONALD
Address	SWIFT MANAGEMENT & SOLUTIONS 1750 UNIVERSITY DR. #205
City-State-Zip:	CORAL SPRINGS FL 33071

Title	DIRECTOR
Name	SAIEVA, TODD
Address	SWIFT MANAGEMENT & SOLUTIONS 1750 UNIVERSITY DR. #205
City-State-Zip:	CORAL SPRINGS FL 33071

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**PRES****01/31/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date