2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 02, 2024
Secretary of State
9522047827CC

DOCUMENT# N28968

Entity Name: SAWGRASS ESTATES NORTH HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O REALMANAGE
11784 WEST SAMPLE ROAD SUITE 103
CORAL SPRINGS, FL 33065

Current Mailing Address:

C/O REALMANAGE
PO BOX 803555
DALLAS, TX 75380 US

FEI Number: 65-0126269

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STEVENS & GOLDWYN PA
2 S UNIVERSITY DR #329
PLANTATION, FL 33324 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: JOHN STEVENS 10/02/2024

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT
Name	KLINE, THERESA
Address	C/O REALMANAGE 11784 WEST SAMPLE ROAD SUITE 103
City-State-Zip:	CORAL SPRINGS FL 33065

Title	DIRECTOR
Name	SALOMON, PAULA
Address	C/O REALMANAGE 11784 WEST SAMPLE ROAD SUITE 103
City-State-Zip:	CORAL SPRINGS FL 33065

Title	SECRETARY
Name	GOURZONG, LASCELLE
Address	C/O REALMANAGE 11784 WEST SAMPLE ROAD SUITE 103
City-State-Zip:	CORAL SPRINGS FL 33065

Title	TREASURER
Name	BARRACO, ANDRE
Address	C/O REALMANAGE 11784 WEST SAMPLE ROAD SUITE 103
City-State-Zip:	CORAL SPRINGS FL 33065

Title	DIRECTOR
Name	CONTI, SALVATORE
Address	C/O REALMANAGE 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 10/02/2024

Electronic Signature of Signing Officer/Director Detail — Date