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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N48377** (8)
1. Corporation Name
SAWGRASS POINT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
**4200 SAWGRASS POINT DR.
BONITA SPRINGS FL 33923** **1044 CASTELLO DRIVE
SUITE 206
NAPLES FL 33940
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/15/1992** 3a. Date of Last Report **04/20/1994**

4. FEI Number **59-3120546** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent
**BRINKMAN, LINDA C.
3838 TAMMAM TRAIL NORTH
SUITE B
NAPLES FL 33940**

10. Name and Address of New Registered Agent

81 Name **Southwest Property Management Corp.**

82 Street Address (P.O. Box Number is Not Acceptable) **1044 Castello Drive**

83 **Suite 206**

84 City **Naples** FL 85 Zip Code **33940**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the appointment of, Section 607.0505, Florida Statutes.

SIGNATURE *Linda C. Brinkman* DATE **3/30/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	T/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, MARY	1.2 NAME	
STREET ADDRESS	4151 SAWGRASS PT DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	BONITA SPGS FL	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WVIANI, CARL	2.2 NAME	
STREET ADDRESS	4121 SAWGRASS PT DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	BONITA SPGS FL	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN NOTE, VALORIE	3.2 NAME	
STREET ADDRESS	4111 SAWGRASS POINT DRIVE #102	3.3 STREET ADDRESS	
CITY - ST - ZIP	BONITA SPRINGS FL	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mary H. Thompson* **Mary H. Thompson** **3/1/95** **813-947-5394**

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR DATE PHONE NUMBER