

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 22 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N48377 (8)
1. Corporation Name
SAWGRASS POINT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 4200 SAWGRASS POINT DR. BONITA SPRINGS FL 33923	Mailing Address 1044 CASTELLO DRIVE SUITE 206 NAPLES FL 33940 US
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3. Date Incorporated or Qualified 04/15/1992	Applied For Not Applicable
4. FEI Number 59-3120546	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 34134 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 34103 30 Country
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9. Name and Address of Current Registered Agent
**SOUTHWEST PROPERTY MANAGEMENT CORP.
1044 CASTELLO DRIVE
SUITE 206
NAPLES FL 33940**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code **34103**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<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	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIVANI, 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	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL CATON	3.2 NAME	
STREET ADDRESS	4171 SAWGRASS POINT DR #101	3.3 STREET ADDRESS	
CITY - ST - ZIP	BONITA SPRINGS FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAHM, ROBERT	4.2 NAME	
STREET ADDRESS	4161 SAWGRASS POINT DR., #101	4.3 STREET ADDRESS	
CITY - ST - ZIP	BONITA SPRINGS FL	4.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOPPER, BAYARD	5.2 NAME	S/D
STREET ADDRESS	4181 SAWGRASS POINT BLVD DR., #202	5.3 STREET ADDRESS	Hooper, Bayard
CITY - ST - ZIP	BONITA SPRINGS FL	5.4 CITY - ST - ZIP	4181 Sawgrass Point Dr. #202
TITLE	<input type="checkbox"/> DELETE	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	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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* 4/9/98

CR2E037 (10/97)