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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 33823**

Mailing Address
**1044 CASTELLO DRIVE
SUITE 206
NAPLES FL 33940
US**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip **34134** Country
24

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip **34103** Country
29 30

3. Date Incorporated or Qualified
04/15/1992

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. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	DELETE
NAME	THOMPSON, MARY	
STREET ADDRESS	4151 SAWGRASS PT DR	
CITY - ST - ZIP	BONITA SPGS FL	
TITLE	D	DELETE
NAME	VIVIANI, CARL	
STREET ADDRESS	4121 SAWGRASS PT DR	
CITY - ST - ZIP	BONITA SPGS FL	
TITLE	D	DELETE
NAME	PAUL CATON	
STREET ADDRESS	4171 SAWGRASS POINT DR #101	
CITY - ST - ZIP	BONITA SPRINGS FL	
TITLE	D	DELETE
NAME	DAHLM, ROBERT	
STREET ADDRESS	4181 SAWGRASS POINT DR., #101	
CITY - ST - ZIP	BONITA SPRINGS FL	
TITLE	SD	DELETE
NAME	HOPPER, BAYARD	
STREET ADDRESS	4181 SAWGRASS POINT BLVD DR., #202	
CITY - ST - ZIP	BONITA SPRINGS FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

S/D
Hooper, Bayard
4181 Sawgrass Point Dr. #202
Bonita Springs, FL

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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/98

Deadline Phone #

CR2E037 (10/97)