


FILE NOW: FILING FEE IS \$61.25

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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90234 020 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N48377

1. Corporation Name

SAWGRASS POINT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4200 SAWGRASS POINT DR.
 BONITA SPRINGS FL 34134
 US

1044 CASTELLO DRIVE
 SUITE 206
 NAPLES FL 34103
 US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

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

☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SOUTHWEST PROPERTY MANAGEMENT CORP.
1044 CASTELLO DRIVE
SUITE 206
NAPLES FL 34103

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	THOMPSON, MARY	
STREET ADDRESS	4151 SAWGRASS PT DR	
CITY-ST-ZIP	BONITA SPGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VIVIANI, CARL	
STREET ADDRESS	4121 SAWGRASS PT DR	
CITY-ST-ZIP	BONITA SPGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PAUL CATON	
STREET ADDRESS	4171 SAWGRASS POINT DR #101	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAHM, ROBERT	
STREET ADDRESS	4161 SAWGRASS POINT DR, #101	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HOOPER, BAYARD	
STREET ADDRESS	4181 SAWGRASS POINT DR STE 202	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME	Millard, Lynda		
1.3 STREET ADDRESS	4211 Sawgrass Pt. Dr., B-204		
1.4 CITY-ST-ZIP	Bonita Springs, FL 34134		
2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME	Thompson, Mary		
3.3 STREET ADDRESS	4151 Sawgrass Pt. Dr., F-104		
3.4 CITY-ST-ZIP	Bonita Springs, FL 34134		
4.1 TITLE	SP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME	Morgan, Kent		
4.3 STREET ADDRESS	4111 Sawgrass Pt. Dr. #104		
4.4 CITY-ST-ZIP	Bonita Springs, FL 34134		
5.1 TITLE	TD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME	Gibbons, Dale		
5.3 STREET ADDRESS	4121 Sawgrass Pt. Dr. #103		
5.4 CITY-ST-ZIP	Bonita Springs, FL 34134		
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99

Date

941-2613440

Daytime Phone #

CR2E037 (1/98)