

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90082 028 \*\*\*\*61.25

**DOCUMENT # N48377**

1. Entity 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 34103-1900  
 US~~

2. Principal Place of Business

3. Mailing Address

Pegasus Property Mgmt.  
 17595 S. Tamiami, #200-2  
 Fort Myers, FL 33908

Pegasus Property Mgmt.  
 17595 S. Tamiami, #200-2  
 Fort Myers, FL 33908

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3120546**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **BARBARA A. STILSON**  
 Pegasus Property Mgmt. (Acceptable)  
 17595 S. Tamiami, #200-2  
 Fort Myers, FL 33908

City **FL** Zip Code

8. 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

*Barbara A. Stilson*

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

(NOTE: Registered Agent signature required when reinstating)

**4-24-00**

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MILLARD, LYNDA	
STREET ADDRESS	4211 SAWGRASS PT. DR., B-204	
CITY-ST-ZIP	BONITA SPGS FL 34134	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VIVANI, CARL	
STREET ADDRESS	4121 SAWGRASS PT DR	
CITY-ST-ZIP	BONITA SPGS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, MARY	
STREET ADDRESS	4151 SAWGRASS PT. DR., F-104	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MORGAN, KENT	
STREET ADDRESS	4111 SAWGRASS PT. DR., #104	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GIBBONS, DALE	
STREET ADDRESS	4121 SAWGRASS PT. DR., #103	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOM OTTNEY	
STREET ADDRESS	4160-103 SAWGRASS POINT DRIVE	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOE ROTOLO	
STREET ADDRESS	4160-204 SAWGRASS POINT DR.	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOANNE FIORELLINO	
STREET ADDRESS	4161-104 SAWGRASS POINT DRIVE	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Barbara A. Stilson*  
**SIGNATURE REQUIRED**

Date

Daytime Phone #

*4/24/00* (41) 494-8386

CR2E037 (9/99)