

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90090 010 ****61.25

DOCUMENT # N48377

1. Entity Name

SAWGRASS POINT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

PEGASUS PROPERTY MGMT.
 17595 S TAMiami #200-2
 FORT MYERS FL 33908
 US

PEGASUS PROPERTY MGMT.
 17595 S TAMiami #200-2
 FORT MYERS FL 33908
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STILSON, BARBARA A
 PEGASUS PROPERTY MGMT
 17595 S TAMiami TRAIL # 200-2
 FORT MYERS FL 33908

Name

Street Address (P.O. Box Number is Not Acceptable)

17595 S. TAMiami TRAIL #100

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* CAN *BARBARA A STILSON*

4-4-01

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

(NOTE: Registered Agent signature required when reinstating)

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIORELLINO, JOHANN 4161 SAWGRASS POINT DR #104 BONITA SPRINGS, FL 34134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS OTTNEY, THOMAS 4160 SAWGRASS POINT DR #103 BONITA SPRINGS, FL 34134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILLIGAN, JOHN 4121 SAWGRASS POINT DR #101 BONITA SPRINGS, FL 34134 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ROTOLO, JOSEPH 4160 SAWGRASS POINT DR #204 BONITA SPRINGS, FL 34134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALLARD, R 4171 SAWGRASS POINT DR #102 BONITA SPRINGS, FL 34134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

JOHANN FIORELLINO JOHANN FIORELLINO 4/24/01 390-1212 (941)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone #

CR2E037 (10/00)

0004786