

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90036 031 \*\*\*\*61.25

**DOCUMENT # N48377**

1. Entity Name

**SAWGRASS POINT CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

PEGASUS PROPERTY MGMT.  
 17595 S TAMiami TrL #1100  
 FORT MYERS FL 33908  
 US

PEGASUS PROPERTY MGMT.  
 17595 S TAMiami TrL #1100  
 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

4. FEI Number

**59-3120546**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

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 # 100**  
**FORT MYERS FL 33908**

Name

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete  
 NAME MILLARD, LYNDIA  
 STREET ADDRESS 4211 SAWGRASS PT. DR., B-204  
 CITY-ST-ZIP BONITA SPGS FL 34134

TITLE DP ☐ Change ☒ Addition  
 NAME Vilardo, Tom  
 STREET ADDRESS 4191-102 Sawgrass Point Dr.  
 CITY-ST-ZIP Bonita Springs FL 34134

TITLE D ☒ Delete  
 NAME FIORELLINO, JOANN  
 STREET ADDRESS 4161 SAWGRASS POINT DR #104  
 CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE DT ☐ Change ☒ Addition  
 NAME Fike Jessie  
 STREET ADDRESS 4141 Sawgrass Point Dr #204  
 CITY-ST-ZIP Bonita Springs FL 34134

TITLE DS ☐ Delete  
 NAME OTTNEY, THOMAS  
 STREET ADDRESS 4160 SAWGRASS POINT DR #103  
 CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D ☒ Delete  
 NAME GILLIGAN, JOHN  
 STREET ADDRESS 4121 SAWGRASS POINT DR #101  
 CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE TD ☐ Delete  
 NAME ROTOLO, JOSEPH  
 STREET ADDRESS 4160 SAWGRASS POINT DR #101  
 CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE D ☒ Change ☐ Addition  
 NAME Rotolo Joseph  
 STREET ADDRESS 4160 Sawgrass Point Dr #101  
 CITY-ST-ZIP Bonita Springs FL 34134

TITLE D ☐ Delete  
 NAME BALLARD, R  
 STREET ADDRESS 4171 SAWGRASS POINT DR #102  
 CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE DVP ☒ Change ☐ Addition  
 NAME Ballard R.  
 STREET ADDRESS 4171 Sawgrass Point Dr #102  
 CITY-ST-ZIP Bonita Springs FL 34134

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 similar like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)