


2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90308 037 ****61.25

DOCUMENT # N48377

1. Entity Name
SAWGRASS POINT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**PEGASUS PROPERTY MGMT.
17595 S TAMiami TRl #]100
FORT MYERS, FL 33908 US**

Mailing Address
**PEGASUS PROPERTY MGMT.
17595 S TAMiami TRl #]100
FORT MYERS, FL 33908 US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country



03022005 Chg-NP CR2E037 (10/03)

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

STILSON, BARBARA A EATON
PEGASUS PROPERTY MGMT
17595 S TAMiami TRAIL # 100
FORT MYERS, FL 33908

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FIKE, JESSIE <input checked="" type="checkbox"/> Delete 4141 SAWGRASS POINT DR #204 BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CRAWFORD, CLAUDE <input type="checkbox"/> Delete 4151-104 SAWGRASS PT DR BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROTOLO, JOSEPH <input type="checkbox"/> Delete 4160 SAWGRASS POINT DR #101 BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALLARD, R <input checked="" type="checkbox"/> Delete 4171 SAWGRASS POINT DR #102 BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRANT, ROBERT C <input type="checkbox"/> Delete 4161-201 SAWGRASS PT DR BONITA SPRINGS, FL 34134
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	VPD BALLARD, TOM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4171-102 SAWGRASS POINT DR. BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, GARDNER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4131 SAWGRASS POINT DR. #201 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 all other like empowered.

SIGNATURE: **JOSEPH A. ROTOLO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/05 **(239)**
Date Daytime Phone # **948-4327**