


2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90352 020 ****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.

03082006 Chg-NP CR2E037 (11/05)

City & State

4. FEI Number
59-3120546

Applied For
 Not Applicable

Zip Country Zip Country

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

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

Name
GARY MARSDEN

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 *Gary Marsden* DATE 4/9/06

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, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPD** Delete
NAME **BALLARD, TOM**
STREET ADDRESS **4171-102 SAWGRASS POINT DR**
CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

TITLE **VD** Change Addition
NAME **MCCOY, DELBERT**
STREET ADDRESS **4141 SAWGRASS POINT DR #203**
CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

TITLE **D** Delete
NAME **CRAWFORD, CLAUDE**
STREET ADDRESS **4151-104 SAWGRASS PT DR**
CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** Delete
NAME **GRANT, ROBERT C**
STREET ADDRESS **4161-201 SAWGRASS PT DR**
CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** Delete
NAME **SMITH, GARDNER**
STREET ADDRESS **4131-201 SAWGRASS PT DR**
CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

TITLE **TD** Change Addition
NAME **FIORELLINO, JOANN**
STREET ADDRESS **4161 SAWGRASS POINT DR #104**
CITY-ST-ZIP **BONITA SPRINGS, FL 33134**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Rotolo, President* DATE 4/9/06 DAYTIME PHONE # (239) 948-4327

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR