


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 10, 2007 8:00 am**  
**Secretary of State**

05-10-2007 90022 004 \*\*\*\*61.25

<b>DOCUMENT # N48377</b>					
1. Entity Name <b>SAWGRASS POINT CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>PEGASUS PROPERTY MGMT. 17595 S TAMiami TRl #]100 FORT MYERS, FL 33908 US</b>			Mailing Address <b>PEGASUS PROPERTY MGMT. 17595 S TAMiami TRl #]100 FORT MYERS, FL 33908 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3120546</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MARSDEN, GARY                  PEGASUS PROPERTY MGMT                  17595 S TAMiami TRAIL # 100                  FORT MYERS, FL 33908</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25                  Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCOY, DELBERT		NAME	GRANDELL, RILEY	
STREET ADDRESS	4141 SAWGRASS POINT DR #203		STREET ADDRESS	4200-204 SAWGRASS POINT DR.	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	D	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAWFORD, CLAUDE		NAME		
STREET ADDRESS	4151-104 SAWGRASS PT DR		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTOLO, JOSEPH		NAME		
STREET ADDRESS	4160 SAWGRASS POINT DR #101		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRANT, ROBERT C		NAME	BROWN, RONALD	
STREET ADDRESS	4161-201 SAWGRASS PT DR		STREET ADDRESS	4201-201 SAWGRASS POINT DR.	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIGRELLINO, JOANN		NAME		
STREET ADDRESS	4161 SAWGRASS POINT DR #104		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>J.A. RotoLO</i> <b>J.A. ROTOLO, Pres</b> 4/15/07 948-4327					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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