2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

1. Entity Name SAWGRASS POINT CONDOMINIUM ASSOCIATION, INC.

DOCUMENT # N48377

FILED Apr 11, 2008 8:00 am Secretary of State 04-11-2008 90048 034 ****61.25

	OPERTY MGMT. MIAMI TRL #]100	17595 S TAMIAMI TRL	EGASUS PROPERTY MGMT. 7595 S TAMIAMI TRL #]100 ORT MYERS, FL 33908 US							
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	iling Address				{ 0 (00 10 10			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			03282008 C	hg-NP	CR2E037	7 (12/06)	
City & State		City & State			E0 0400E46			plied For		
Zip	Country Zip Cc			untry		5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Address of Current R	egistered Agent	Agent			7. Name and Address of New Registered Agent				
				Name						
	I, GARY : PROPERTY MGMT AMIAMI TRAIL # 100		Street Addres			s (P.O. Box Number is Not Acceptable)				
	ERS, FL 33908									
								FL	Zip Code	9
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
	Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees	, ,	ike check da Departi		
10.	OFFICERS AND DIRE	CTORS	11.		A	DDITIONS/CHANG	ES TO OFFICER	S AND DIR	ECTORS IN	10
TITLE	VD	☐ Delete	TITLE						☐ Change	☐ Addition
NAME	GRANDELL, RILEY, N		NAM	Ε						
STREET ADDRESS	4200-204 SAWGRASS POINT DR	,	STREE							
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY							
TITLE	SD	Delete	TITLE		D				Change	Addition
NAME	CRAWFORD, CLAUDE		MAN	Ε	_				Γ•	
STREET ADDRESS	4151-104 SAWGRASS PT DR		STRE	ET ADDRESS						
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY	-ST-ZIP						
TITLE	PD	Delete	TITLE		90	· · · · · · · · · · · · · · · · · · ·	•		☐ Change	☐ Addition
NAME	ROTOLO, JOSEPH	/ \	MAM	E	Delt	pert mcc	04	,		-
STREET ADDRESS	4160 SAWGRASS POINT DR #10	1		ET ADDRESS	4141	sawqras	1000 S	+ dr.	# 20	3
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY	-ST-ZIP		12 SOC	cas, Fl.	<u>. 591</u>	<u> </u>	
TITLE	SD	Detete	TITLE		ถ	•	• •		Change	☐ Addition
NAME	BROWN, RONALD		NAM							
STREET ADORESS	4201-201 SAWGRASS POINT DR	•		et adoress						[
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY	-ST-ZIP						
TITLE	D	Delete	TITLE		ST0		_		Change	Addition
NAME	FIORELLINO, JOANN		NAM		Boni	nie Powe	15	_		,
STREET ADDRESS				et address	411	sawara	SS poin	it dr.	# 20	ত
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY	- ST - ZIP	Bur	vita Spric	S.FL.	38/3	4	
TITLE		Delete	TITLE			•	1. '		☐ Change	☐ Addition
NAME	15		NAM	1						
STREET ADDRESS	. •			et address						
CITY-ST-ZIP		·		-ST-ZIP						
12. I hereby o	12. Thereby 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									

12. I nerepy certify that the information supplied with this filling 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:

SIGNATU

officer or director name of signing officer or director