


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90048 034 ****61.25

DOCUMENT # N48377

1. Entity Name
SAWGRASS POINT CONDOMINIUM ASSOCIATION, INC.



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

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

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

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

City & State

Zip Country



03282008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent

**MARSDEN, GARY
 PEGASUS PROPERTY MGMT
 17595 S TAMAMI TRAIL # 100
 FORT MYERS, FL 33908**

4. FEI Number
59-3120546

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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, 2008**

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	VD	<input type="checkbox"/> Delete
NAME	GRANDELL, RILEY.	
STREET ADDRESS	4200-204 SAWGRASS POINT DR.	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CRAWFORD, CLAUDE	
STREET ADDRESS	4151-104 SAWGRASS PT DR	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ROTOLO, JOSEPH	
STREET ADDRESS	4160 SAWGRASS POINT DR #101	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	SD	Delete
NAME	BROWN, RONALD	
STREET ADDRESS	4201-201 SAWGRASS POINT DR.	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	FIGRELLINO, JOANN	
STREET ADDRESS	4161 SAWGRASS POINT DR #104	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Delbert McCoy	
STREET ADDRESS	4141 Sawgrass point dr. # 203	
CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bonnie Powers	
STREET ADDRESS	4111 Sawgrass point dr. # 203	
CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Delbert E. McCoy **Delbert E. McCoy** 8/5/2008 239-949-9871
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #