

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48377

Entity Name: SAWGRASS POINT CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**PEGASUS PROPERTY MGMT.
8840 TERRENE CT #102
BONITA SPRINGS, FL 34135**Current Mailing Address:**PEGASUS PROPERTY MGMT.
8840 TERRENE CT #102
BONITA SPRINGS, FL 34135 US**FEI Number:** 59-3120546**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CATLETT, SARA
PEGASUS PROPERTY MGMT
8840 TERRENE CT #102
BONITA SPRINGS, FL 34135 US*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.***SIGNATURE:** SARA CATLETT**04/27/2018**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name MATTHEWS, MARK C
Address 8840 TERRENE CT #102
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR, PRESIDENT
Name LEEDY, TOM
Address 8840 TERRENE CT #102
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR, TREASURER
Name SHAW, STEPHEN
Address 8840 TERRENE CT #102
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR
Name FAGAN, KEVIN
Address 8840 TERRENE CT #102
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR, VICE PRESIDENT
Name FAGG, JOHN
Address 8840 TERRENE CT #102
City-State-Zip: BONITA SPRINGS FL 34135

Title SECRETARY
Name CATLETT, SARA
Address 8840 TERRENE CT #102
City-State-Zip: BONITA SPRINGS FL 34135

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TOM LEEDY**PRESIDENT****04/27/2018**

Electronic Signature of Signing Officer/Director Detail

Date