

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760051

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: SAWMILL VILLAS CONDOMINIUM ASSOCIATION, INC.

## Current Principal Place of Business:

C/O RICHARD LAPOSTA -GULFSHORES C.A.M.  
76 PONDELLA ROAD, STE 201  
FORT MYERS, FL 33903 US

## New Principal Place of Business:

C/O RICHARD LAPOSTA -GULFSHORES C.A.M.  
76 PONDELLA ROAD, STE 201  
NORTH FORT MYERS, FL 33903 US

## Current Mailing Address:

C/O RICHARD LAPOSTA -GULFSHORES C.A.M.  
76 PONDELLA ROAD, STE 201  
FORT MYERS, FL 33903 US

## New Mailing Address:

C/O RICHARD LAPOSTA -GULFSHORES C.A.M.  
76 PONDELLA ROAD, STE 201  
NORTH FORT MYERS, FL 33903 US

FEI Number: 59-2155978

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LAPOSTA, RICHARD L  
C/O GULFSHORES C A M  
76 PONDELLA ROAD, STE 201  
N FT MYERS, FL 33903 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: NUNES, RONALD  
Address: 5705-8 FOXLAKE DRIVE  
City-St-Zip: FORT MYERS, FL 33917

Title: D ( ) Delete  
Name: DIXION, HELEN  
Address: 5702 #3 FOX LAKE DR  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: VPD ( ) Delete  
Name: COOK, DIANE  
Address: 5702 FOXLAKEDRIVE #8  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: D ( ) Delete  
Name: PUGH, PENNY  
Address: 5702 7 FOXLAKE DR  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: DST ( ) Delete  
Name: CRAINE, LEE  
Address: 5705 #4 FOXLAKE DR  
City-St-Zip: NORTH FORT MYERS, FL 33917

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: FERENCE, DEBRA  
Address: 5705-9 FOXLAKE DRIVE  
City-St-Zip: FORT MYERS, FL 33917

Title: DVP (X) Change ( ) Addition  
Name: FAUBEL, DALE  
Address: 5704 #1 FOX LAKE DR  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: DT (X) Change ( ) Addition  
Name: WOODRUFF, LESA  
Address: 5705 #3 FOXLAKE DRIVE  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: DS (X) Change ( ) Addition  
Name: PUGH, PENNY  
Address: 5702 7 FOXLAKE DR  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: DP (X) Change ( ) Addition  
Name: CRAINE, LEE  
Address: 5705 #4 FOXLAKE DR  
City-St-Zip: NORTH FORT MYERS, FL 33917

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LEE CRAINE

P

04/14/2009

Electronic Signature of Signing Officer or Director

Date