2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90039 032 ****61.25

DOCUMENT # 770752

1. Entity Name
SPARROWOOD OF LEE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2180 WEST SR 434,SUITE 5000 LONGWOOD, FL 32779-5044	2180 WEST SR 434,SUITE 5000 LONGWOOD, FL 32779-5044

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

03222007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2403471 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HART, JAMES W JR 2180 WEST SR 434,SUITE 5000 LONGWOOD, FL 32779-5044	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 _____
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, 2007

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D ☐ Delete	TITLE	D ☐ Change ☒ Addition
NAME	YINDRA, RICHARD	NAME	LAND, CLIFTON
STREET ADDRESS	6216 COUGAR RUN SUITE 303	STREET ADDRESS	3623 ARCHERTON DR
CITY-ST-ZIP	FT MYERS, FL	CITY-ST-ZIP	BRIDGETON MO 63044
TITLE	PD ☐ Delete	TITLE	PD ☒ Change ☐ Addition
NAME	COMOLLI, ARTHUR	NAME	COMOLLI, ARTHUR
STREET ADDRESS	6212 COUGAR RUN #201	STREET ADDRESS	16 BROWNING AVE
CITY-ST-ZIP	FORT MYERS, FL 33908	CITY-ST-ZIP	NASHUA NH 03062
TITLE	TD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JANUSIS, IPOLITAS	NAME	
STREET ADDRESS	6300 COUGAR RUN #102	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33908	CITY-ST-ZIP	
TITLE	VPSD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WEBSTER, CHARLES	NAME	
STREET ADDRESS	6258 COUGAR RUN #203	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33908	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	STERNE, GEORGE	NAME	
STREET ADDRESS	6300 COUGAR RUN #201	STREET ADDRESS	
CITY-ST-ZIP	FT MYERS, FL	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	NICHOLSON, KAY	NAME	
STREET ADDRESS	6258 COUGAR RUN #201	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33908	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: Arthur Comolli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #