

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

| CORPORATION<br>ANNUAL REPORT<br>1995                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <br>FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS                                                   |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N48377 (8)</b><br>1. Corporation Name<br><b>SAWGRASS POINT CONDOMINIUM ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <b>APPROVED AND FILED</b><br>95 APR -6 AM 6:48<br>SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA                                                                                                                                              |  |
| Principal Place of Business<br><b>4200 SAWGRASS POINT DR.<br/>BONITA SPRINGS FL 33923</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                           |  |
| Mailing Address<br><b>1044 CASTELLO DRIVE<br/>SUITE 206<br/>NAPLES FL 33940<br/>US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | DO NOT WRITE IN THIS SPACE                                                                                                                                                                                                                |  |
| 2. Principal Place of Business<br><b>21</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 3. Date Incorporated or Qualified<br><b>04/15/1992</b>                                                                                                                                                                                    |  |
| 2a. Mailing Address<br><b>26</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 3a. Date of Last Report<br><b>04/20/1994</b>                                                                                                                                                                                              |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 4. FBI Number<br><b>59-3120546</b>                                                                                                                                                                                                        |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                                    |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                           |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                                                                                     |  |
| 7. Nonprofit with IRS 501(c)(3)<br>Tax Exempt Status <input type="checkbox"/> <b>\$68.75 Supplemental Fee Not Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 8. This corporation has liability for intangible tax under S. 199.032,<br>Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                       |  |
| 9. Name and Address of Current Registered Agent<br><b>BRINKMAN, LINDA C.<br/>3838 TAMiami TRAIL NORTH<br/>SUITE B<br/>NAPLES FL 33940</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 10. Name and Address of New Registered Agent<br><b>81 Name Southwest Property Management Corp.<br/>82 Street Address (P.O. Box Number is Not Acceptable) 1044 Castello Drive<br/>83 Suite 206<br/>84 City Naples FL 85 Zip Code 33940</b> |  |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the provisions of, Section 607.0505, Florida Statutes.<br>SIGNATURE <i>[Signature]</i> DATE <b>3/30/95</b>                                                                                                                                               |  |                                                                                                                                                                                                                                           |  |
| 12. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST - ZIP                                                                                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY - ST - ZIP                                                                                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY - ST - ZIP                                                                                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY - ST - ZIP                                                                                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY - ST - ZIP                                                                                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY - ST - ZIP                                                                                                                                                                        |  |
| 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. |  |                                                                                                                                                                                                                                           |  |
| SIGNATURE: <i>Mary H. Thompson</i> <b>Mary H. Thompson 3/1/95 813-947-5394</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                           |  |