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Apr 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N48377** **(8)**

1. Corporation Name

SAWGRASS POINT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4200 SAWGRASS POINT DR. BONITA SPRINGS FL 33923	1044 CASTELLO DRIVE SUITE 206 NAPLES FL 33940 US

3. Date Incorporated or Qualified: 04/15/1992

4. FEI Number: 59-3120546 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip 34134 25 Country	29 Zip 34103 30 Country

9. Name and Address of Current Registered Agent

SOUTHWEST PROPERTY MANAGEMENT CORP.
1044 CASTELLO DRIVE
SUITE 206
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code 34103

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	THOMPSON, MARY		1.2 NAME		
STREET ADDRESS	4151 SAWGRASS PT DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPGS FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	VIVIANI, CARL		2.2 NAME		
STREET ADDRESS	4121 SAWGRASS PT DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPGS FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PAUL CATON		3.2 NAME		
STREET ADDRESS	4171 SAWGRASS POINT DR #101		3.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DAHM, ROBERT		4.2 NAME		
STREET ADDRESS	4161 SAWGRASS POINT DR., #101		4.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE	S/D	☒ Change ☐ Addition
NAME	HOPPER, BAYARD		5.2 NAME	Hooper, Bayard	
STREET ADDRESS	4181 SAWGRASS POINT BLVD DR., #202		5.3 STREET ADDRESS	4181 Sawgrass Point Dr. #202	
CITY-ST-ZIP	BONITA SPRINGS FL		5.4 CITY-ST-ZIP	Bonita Springs, FL	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary H. Thompson 4/9/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #