

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48377

1. Entity Name

SAWGRASS POINT CONDOMINIUM ASSOCIATION, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90082 028 ****61.25

Principal Place of Business

Mailing Address

~~4200 SAWGRASS POINT DR.~~
~~BONITA SPRINGS FL 34134~~
~~US~~

~~1044 CASTELLO DRIVE~~
~~SUITE 206~~
~~NAPLES FL 34103-1900~~
US

2. Principal Place of Business

Pegasus Property Mgmt.
17595 S. Tamiami, #200-2
Fort Myers, FL 33908

3. Mailing Address

Pegasus Property Mgmt.
17595 S. Tamiami, #200-2
Fort Myers, FL 33908

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3120546

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

~~SOUTHWEST PROPERTY MANAGEMENT CORP.~~

~~1044 CASTELLO DRIVE~~
~~SUITE 206~~
~~NAPLES FL 34103~~

Name **BARBARA A. STILSON**

Pegasus Property Mgmt.
17595 S. Tamiami, #200-2
Fort Myers, FL 33908

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.

SIGNATURE

Barbara A. Stilson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-24-00

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME MILLARD, LYNDIA
STREET ADDRESS 4211 SAWGRASS PT. DR., B-204
CITY-ST-ZIP BONITA SPGS FL 34134

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME VIVIANI, CARL
STREET ADDRESS 4121 SAWGRASS PT DR
CITY-ST-ZIP BONITA SPGS FL

TITLE DVP ☐ Change ☐ Addition
NAME TOM OTTNEY
STREET ADDRESS 4160-103 SAWGRASS POINT DRIVE
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE D ☒ Delete
NAME THOMPSON, MARY
STREET ADDRESS 4151 SAWGRASS PT. DR., F-104
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE DS ☐ Change ☐ Addition
NAME JOE ROTOLO
STREET ADDRESS 4160-204 SAWGRASS POINT DR.
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE SD ☒ Delete
NAME MORGAN, KENT
STREET ADDRESS 4111 SAWGRASS PT. DR., #104
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE D ☐ Change ☐ Addition
NAME JOANNE FIORELLINO
STREET ADDRESS 4161-104 SAWGRASS POINT DRIVE
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE TD ☐ Delete
NAME GIBBONS, DALE
STREET ADDRESS 4121 SAWGRASS PT. DR., #103
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)