

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90352 020 ****61.25

DOCUMENT # N48377

1. Entity Name
SAWGRASS POINT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**PEGASUS PROPERTY MGMT.
17595 S TAMiami TrL #1100
FORT MYERS, FL 33908 US**

Mailing Address
**PEGASUS PROPERTY MGMT.
17595 S TAMiami TrL #1100
FORT MYERS, FL 33908 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03082006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-3120546

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**EATON, BARBARA A
PEGASUS PROPERTY MGMT
17595 S TAMiami TrL # 100
FORT MYERS, FL 33908**

Name

GARY MARSDEN

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, 2006

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 VPD ☒ Delete
NAME BALLARD, TOM
STREET ADDRESS 4171-102 SAWGRASS POINT DR
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE VD ☐ Change ☐ Addition
NAME MCLOY, DELBERT
STREET ADDRESS 4141 SAWGRASS POINT DR. #203
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE D ☐ Delete
NAME CRAWFORD, CLAUDE
STREET ADDRESS 4151-104 SAWGRASS PT DR
CITY-ST-ZIP BONITA SPRINGS, FL 34134

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

TITLE PD ☐ Delete
NAME ROTOLO, JOSEPH
STREET ADDRESS 4160 SAWGRASS POINT DR #101
CITY-ST-ZIP BONITA SPRINGS, FL 34134

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

TITLE SD ☐ Delete
NAME GRANT, ROBERT C
STREET ADDRESS 4161-201 SAWGRASS PT DR
CITY-ST-ZIP BONITA SPRINGS, FL 34134

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

TITLE TD ☒ Delete
NAME SMITH, GARDNER
STREET ADDRESS 4131-201 SAWGRASS PT DR
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE TD ☐ Change ☐ Addition
NAME FIORELLINO, JOANN
STREET ADDRESS 4161 SAWGRASS POINT DR. #104
CITY-ST-ZIP BONITA SPRINGS, FL 33134

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joseph A. Katala, President

4/9/06

(239) 948-4327