

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 JUN 17 AM 10:25

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N97000006343 (4)

1. Corporation Name

SAWGRASS AT THE STRAND HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business: ~~28999 BONITA GRANDE DR. NAPLES FL 34119~~ *6355-22nd AVE, N.W. Naples, Fl. 34119*
 Mailing Address: *6355-22nd AVE, N.W.*
~~28999 BONITA GRANDE DR. NAPLES FL 34119~~

3. Date Incorporated or Qualified: **11/07/1997**
 4. FEI Number: Applied For Not Applicable

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-headers for Suite, City & State, Zip, and Country.

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

9. Name and Address of Current Registered Agent: **CONROY, J. THOMAS III, 3838 TAMAMI TRAIL NORTH, STE. 402, NAPLES FL 34103**
 10. Name and Address of New Registered Agent (81-85) fields.

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<i>President/Director</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLOBETTI, JOHN	1.2 NAME	
STREET ADDRESS	28999 BONITA GRANDE DR.	1.3 STREET ADDRESS	<i>6355-22nd AVE, N.W.</i>
CITY-ST-ZIP	NAPLES FL 34119	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<i>Director</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIXON, ALVA	2.2 NAME	
STREET ADDRESS	28999 BONITA GRANDE DR.	2.3 STREET ADDRESS	<i>6355-22nd AVE, N.W.</i>
CITY-ST-ZIP	NAPLES FL 34119	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONROY, J. THOMAS III	3.2 NAME	
STREET ADDRESS	3838 TAMAMI TRAIL NORTH, STE. 402	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34103	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 in an attachment with an address.

SIGNATURE: _____

CR2E037 (10/97)

JS 6/18 98 AR