

**2000 UNIFORM BUSINESS REPORT (UBR)**

1/

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90123 006 \*\*\*\*61.25

**DOCUMENT # N97000006343**

1. Entity Name

**SAWGRASS AT THE STRAND HOMEOWNER'S ASSOCIATION.**

Principal Place of Business

Mailing Address

6355-22ND AVE., NW  
 NAPLES FL 34119

6355-22ND AVE., NW  
 NAPLES FL 34119-8607

2. Principal Place of Business

3. Mailing Address

5675 Strand Court  
 Suite, Apt. #, etc.

5675 Strand Court  
 Suite, Apt. #, etc.

City & State  
 Naples FL

City & State  
 Naples FL

Zip  
 34110

Country  
 USA

Zip  
 34110

Country  
 USA

4. FET Number **59-3624367** Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CONROY, J. THOMAS III  
 3838 TAMAMI TRAIL NORTH, STE. 402  
 NAPLES FL 34103

7. Name and Address of New Registered Agent

Name  
 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ 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	D	<input type="checkbox"/> Delete
NAME	GLOBETTI, JOHN	
STREET ADDRESS	6355-22ND AVE., NW	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIXON, ALVA	
STREET ADDRESS	6355-22ND AVE., NW	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONROY, J. THOMAS III	
STREET ADDRESS	3838 TAMAMI TRAIL NORTH, STE. 402	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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] SIGNATURE REQUIRED 1/12/00 Date 941-597-1120 Daytime Phone #