


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90217 018 ****61.25

DOCUMENT # N97000006343

1. Entity Name
SAWGRASS AT THE STRAND HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business P.O. BOX 110602 NAPLES, FL 34110 US	Mailing Address P.O. BOX 110602 NAPLES, FL 34110 US
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DO NOT WRITE IN THIS SPACE



02032005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3624367	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FLAGEL, GERALD P CPA
 5633 STRAND BLVD
 SUITE 309
 NAPLES, FL 34110**

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

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP FED, ANTHONY D 5799 PERSIMMON WAY NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT STOUT, BONNIE 5767 PERSIMMON WAY NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY - ST - ZIP	.DS FLAGEL, GERALD P 5831 PERSIMMON WAY NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: *Bonnie K Stout* **Bonnie K Stout** ✓ *2-2305* ✓ *239591296*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #