

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90074 008 ****61.25

DOCUMENT # N98000003623

1. Entity Name

SAWGRASS OF NAPLES RESIDENTS' ASSOCIATION, INC.



Principal Place of Business

2335 9TH ST N #505
NAPLES FL 34103

Mailing Address

2335 9TH ST N #505
NAPLES FL 34103

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-3651322

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

**GULF VIEW PROPERTY MGMT
2335 9TH ST N #505
NAPLES FL 34103**

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. 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 re-registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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

TITLE NAME STREET ADDRESS CITY ST ZIP
PD MASON, KEITH 277 SAWGRASS CT NAPLES FL 34110 ☐ Delete

TITLE NAME STREET ADDRESS CITY ST ZIP
VD ANDREA, ROBERT 294 SAWGRASS CT. NAPLES FL 34110 ☐ Delete

TITLE NAME STREET ADDRESS CITY ST ZIP
D MEANY, DOUGLAS 266 SAWGRASS CT. NAPLES FL 34110 ☐ Delete

TITLE NAME STREET ADDRESS CITY ST ZIP
D LUTERAN, JOSEPH 261 SAWGRASS CT. NAPLES FL 34110 ☒ Delete

TITLE NAME STREET ADDRESS CITY ST ZIP
TSD THORNBURG, MATTHEW 309 SAWGRASS CT NAPLES FL 34110 ☐ Delete

TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY ST ZIP
D Weyl, Charles 297 Sawgrass Ct. Naples, Fl. 34110 ☐ Change ☒ Addition

TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 #

Matthew Thornburg 3/15/07 239-403-7991