2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2009
Secretary of State

DOCUMENT# N98000003623

Entity Name: SAWGRASS OF NAPLES RESIDENTS' ASSOCIATION, INC.

Current Principal Place of Business:

2335 9TH ST N #505
NAPLES, FL 34103

New Principal Place of Business:

SAWGRASS COURT
NAPLES, FL 34110

Current Mailing Address:

2335 9TH ST N #505
NAPLES, FL 34103

New Mailing Address:

FEI Number: 59-3651322 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MASON, KEITH
Address: 277 SAWGRASS CT
City-St-Zip: NAPLES, FL 34110

Title: VD ( ) Delete
Name: ANDREA, ROBERT
Address: 294 SAWGRASS CT.
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete
Name: MEANY, DOUGLAS
Address: 266 SAWGRASS CT.
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete
Name: WEYL, CHARLES
Address: 297 SAWGRASS CT.
City-St-Zip: NAPLES, FL 34110

Title: TSD ( ) Delete
Name: THORNBURG, MATTHEW
Address: 309 SAWGRASS CT
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH MASON PD 03/09/2009

Electronic Signature of Signing Officer or Director — Date