

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

5/4

FILED
Jun 01, 2007 8:00 am
Secretary of State

05-04-2007 90065 002 ****61.25

DOCUMENT # N06000004206 1. Entity Name SABAL POINTE AT MAJESTIC PALMS SECTION II CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 9148 BONITA BEACH ROAD SUITE 102 BONITA SPRINGS, FL 34135				Mailing Address 9148 BONITA BEACH ROAD SUITE 102 BONITA SPRINGS, FL 34135	
2. Principal Place of Business - No P.O. Box # c/o Integrated Property Mgmt. Suite, Apt. #, etc. 3435 - 10th Street N., #201		3. Mailing Address c/o Integrated Property Mgmt. Suite, Apt. #, etc. 3435 - 10th Street N., #201			
City & State Naples, FL		City & State Naples, FL		4. FEI Number 20-4623164	
Zip 34103		Country 34103		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STACKHOUSE, EDWIN D 9148 BONITA BEACH ROAD SUITE 102 BONITA SPRINGS, FL 34135				7. Name and Address of New Registered Agent Name Shields, Christopher J. Street Address (P.O. Box Number is Not Acceptable) 1833 Hendry Street PO Drawer 1507 City Ft. Myers, FL FL Zip Code 33902	
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 3/30/07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE					
Filing 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP STACKHOUSE, EDWIN D 9148 BONITA BEACH ROAD SUITE 102 BONITA SPRINGS, FL 34135	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Garrett, Jacquelyn 11630 Marino Ct., #303 Ft. Myers, FL 33908	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP MEEKS, W. MICHAEL 9148 BONITA BEACH ROAD SUITE 102 BONITA SPRINGS, FL 34135	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Miller, Jennifer 11621 Marino Ct., #908 Ft. Myers, FL 33908	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST RAY, LAURA 9148 BONITA BEACH ROAD SUITE 102 BONITA SPRINGS, FL 34135	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Small, Delbert 11611 Marino Ct., #1007 Ft. Myers, FL 33908	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	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 Chapter 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 person 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: Date Daytime Phone # SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					