2008 NOT-FOR-PROFIT CORPORATION

Mar 25, 2008 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # N06000004206 03-25-2008 90008 020 ****61.25 SABÁL POINTE AT MAJESTIC PALMS SECTION II CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address C/O INTEGRATED PROPERTY MGMT C/O INTEGRATED PROPERTY MGMT 3435 10TH STREET N #201 3435 10TH STREET N #201 NAPLES, FL 34103 NAPLES, FL 34103 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02292008 Chg-NP CR2E037 (12/06) 4. FEI Number 20-4623164 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SHIELDS, CHRISTOPHER J Street Address (P.O. Box Number is Not Acceptable) 1833 HENDRY STREET PO DRAWER 1507 FORT MYERS, FL 33902 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 DATE NOTE: P 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution Added to Fees Florida Department of State **Due by May 1, 2008** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition TITLE ☐ Change me Merrell, Marjory GARRETT, JACQUELYN NAME NAME 11621 Marino Ct. #907 11630 MARINO CT 303 STREET ADDRESS STREET ADDRESS Ft. Myers, FL 33908 CITY-ST-ZIP CITY-ST-ZIP FORT MYERS, FL 33908 Delete ☐ Change Addition ΠLE TITLE Schneider, Robert NAME MILLER, JENNIFER NAME 11630 Marino Ct. #306 11821 MARINO CT 908 STREET ADDRESS STREET ADDRESS Ft. Myers, FL 33908 FORT MYERS, FL 33908 CITY-ST-ZIF CITY-ST-ZIP Addition Delete TITLE TITLE ☐ Change Schiff, Justin SMALL, DELBERT NAME NAME 11620 Marino Ct. #205 11811 MARINO CT 1007 STREET ADDRESS STREET ADDRESS Ft. Myers, FL 33908 CITY-ST-7IP FORT MYERS, FL 33908 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete . Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP 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 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.

FILED

Merrell

SIGNATURE: