

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004206

FILED
Feb 05, 2009
Secretary of State

Entity Name: SABAL POINTE AT MAJESTIC PALMS SECTION II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O INTEGRATED PROPERTY MGMT
3435 10TH STREET N #201
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

C/O INTEGRATED PROPERTY MGMT
3435 10TH STREET N #201
NAPLES, FL 34103

New Mailing Address:

FEI Number: 20-4623164

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIELDS, CHRISTOPHER J
1833 HENDRY STREET
PO DRAWER 1507
FORT MYERS, FL 33902 US

Name and Address of New Registered Agent:

SHIELDS, CHRISTOPHER J
1833 HENDRY STREET
FORT MYERS, FL 33902 US

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: _____

02/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MAJORY, MERRELL
Address: 11621 MARINO CT. #907
City-St-Zip: FORT MYERS, FL 33908

Title: DVP () Delete
Name: SCHNEIDER, ROBERT
Address: 11630 MARINO CT #306
City-St-Zip: FORT MYERS, FL 33908

Title: DST () Delete
Name: SCHIFF, JUSTIN
Address: 11620 MARINO CT. #205
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: DRAKE, DONNA
Address: 11621 MARINO CT. #905
City-St-Zip: FORT MYERS, FL 33908

Title: DVP (X) Change () Addition
Name: GORDON, TRUSTEE, MARC
Address: 11620 MARINO CT #206
City-St-Zip: FORT MYERS, FL 33908

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: DONNA DRAKE

DP

02/05/2009

Electronic Signature of Signing Officer or Director

Date