2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2012
Secretary of State

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

Current Principal Place of Business:

C/O ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER RD. STE. 200
FT. MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

C/O ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER RD. STE. 200
FT. MYERS, FL 33919

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:

ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER RD. STE. 200
FORT MYERS, FL 33919 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
Name: GORDON, MARC
Address: 11620 MARINO CT. #206
City-St-Zip: FORT MYERS, FL 33908

Title: VP
Name: WHITE, PAM
Address: 11621 MARINO CT #906
City-St-Zip: FORT MYERS, FL 33908

Title: TS
Name: DRAKE, DONNA
Address: 11621 MARINO CT. #905
City-St-Zip: FORT MYERS, FL 33908

Title: TSD
Name: KIEFER, CHARLES
Address: 11620 MARINO CT. #207
City-St-Zip: FORT MYERS, FL 33908

I hereby 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 all other like empowered.

SIGNATURE: CHARLES KIEFER TSD 04/17/2012

Electronic Signature of Signing Officer or Director — Date