


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90026 003 ****61.25

DOCUMENT # N06000004210	
1. Entity Name SABAL POINTE AT MAJESTIC PALMS SECTION IV CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business C/O PULTE HOME CORPORATION 9148 BONITA BEACH ROAD BONITA SPRINGS, FL 34135	Mailing Address C/O PULTE HOME CORPORATION 9148 BONITA BEACH ROAD BONITA SPRINGS, FL 34135
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40116382



2. Principal Place of Business - No P.O. Box # c/o Pulte Home Corporation	3. Mailing Address c/o Pulte Home Corporation
Suite, Apt. #, etc. 9240 Estero Park Commons Blvd.	Suite, Apt. #, etc. 9240 Estero Park Commons Blvd.
City & State Estero, FL	City & State Estero, FL
Zip 33928	Country

03262007 Chg-NP CR2E037 (12/06)

4. FEI Number 20-8732556		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent STACKHOUSE, EDWIN D C/O PULTE HOME CORPORATION 9148 BONITA BEACH ROAD BONITA SPRINGS, FL 34135		
7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
9240 Estero Park Commons Blvd.		
City Estero, FL	State FL	Zip Code 33928

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stackhouse, Edwin D % Pulte Home-9240 Estero Park Com. Blvd. Estero, FL 33928 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MEEKS, W. MICHAEL 9148 BONITA BEACH ROAD, SUITE 102 BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Meeks, Michael % Pulte Home-9240 Estero Park Com. Blvd. Estero, FL 33928 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MEEKS, W. MICHAEL 9148 BONITA BEACH ROAD, SUITE 102 BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Ray, Laura % Pulte Home-9240 Estero Park Com. Blvd. Estero, FL 33928 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE:  **EDWIN D. STACKHOUSE** 4-10-07 239-495-4829
Signature and typed or printed name of signing officer or director Date Daytime Phone #