

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004210

FILED
Jan 30, 2009
Secretary of State

Entity Name: SABAL POINTE AT MAJESTIC PALMS SECTION IV 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:

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

Current Mailing Address:

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

New Mailing Address:

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

FEI Number: 20-8732556

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STACKHOUSE, EDWIN D
C/O PULTE HOME CORPORATION
9240 ESTERO PARK COMMONS BLVD.
ESTERO, FL 33928 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: DP () Delete
Name: BROOKS, SCOTT
Address: %PULLTE HOME-9240 ESTERO PARK COM. BLVD.
City-St-Zip: ESTERO, FL 33928

Title: DVP () Delete
Name: MCCORMICK, RICH
Address: 9240 ESTERO PARK COMMONS BLVD.
City-St-Zip: ESTERO, FL 33928

Title: DST () Delete
Name: BEESE, SHONDA
Address: 9240 ESTERO PARK COMM. BLVD.
City-St-Zip: ESTERO, FL 33928

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: KERMENDY, RICHARD
Address: 11620 NAVARRO WAY #2403
City-St-Zip: FT. MYERS, FL 33908

Title: DVP (X) Change () Addition
Name: SHULTZ, MARILYN
Address: 11610 NAVARRO WAY #2307
City-St-Zip: FT. MYERS, FL 33908

Title: DST (X) Change () Addition
Name: BEESE, SHONDA
Address: 11621 NAVARRO WAY #1908
City-St-Zip: FT. MYERS, FL 33908

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: RICHARD KERMENDY

DP

01/30/2009

Electronic Signature of Signing Officer or Director

Date