2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N06000004210

Apr 06, 2009 Secretary of State

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

Current Principal Place of Business:

C/O ALLIANT PROPERTY MANAGEMENT, LLC

C/O INTEGRATED PROPERTY MGMT. 3435 10TH STREET N. #201

6719 WINKLER ROAD, SUITE 200

New Principal Place of Business:

NAPLES, FL 34103

FORT MYERS, FL 33919

Current Mailing Address:

New Mailing Address:

C/O INTEGRATED PROPERTY MGMT. 3435 10TH STREET N. #201

C/O ALLIANT PROPERTY MANAGEMENT, LLC 6719 WINKLER ROAD, SUITE 200

NAPLES, FL 34103

FORT MYERS, FL 33919

FEI Number: 20-8732556

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

STACKHOUSE, EDWIN D C/O PULTE HOME CORPORATION 9240 ESTERO PARK COMMONS BLVD. ALLIANT PROPERTY MANAGEMENT, LLC 6719 WINKLER ROAD

SUITE 200

City-St-Zip:

FORT MYERS, FL 33919 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: JOHN M. STROHM, AGENT

ESTERO, FL 33928 US

04/06/2009

Electronic Signature of Registered Agent

FEI Number Applied For ()

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete KERMENDY, RICHARD Name: 11620 NAVARRO WAY #2403 Address:

(X) Change () Addition KERMENDY, RICHARD Name: Address: 11620 NAVARRO WAY #2403

City-St-Zip: FT. MYERS, FL 33908

FORT MYERS, FL 33908 Title: (X) Change () Addition

Title: DVP () Delete SHULTZ, MARILYN Name:

Name: SHULTZ, MARILYN

Address: 11610 NAVARRO WAY #2307 City-St-Zip: FT. MYERS, FL 33908

Address: 11610 NAVARRO WAY #2307 City-St-Zip: FORT MYERS, FL 33908

Title: DST () Delete

Title: T/SD (X) Change () Addition

BEESE, SHONDA Name: 11621 NAVARRO WAY #1908 Address: City-St-Zip: FT. MYERS, FL 33908

GROSSER, PETER Name: 11621 NAVARRO WAY #1905 Address: City-St-Zip: FORT 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 PD

Electronic Signature of Signing Officer or Director

Date

04/06/2009