2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State
05-03-2006 90210 010 ****61.25

DOCUMENT # N45958

1. Entity Name
SABAL DUNES NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8359 BEACON BLVD #409 FORT MYERS, FL 33907 US	8359 BEACON BLVD #409 2137 DAVIS BLVD FORT MYERS, FL 33907 US

03072006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
8359 Beacon Blvd	8359 Beacon Blvd
Suite, Apt. #, etc.: suite #417	Suite, Apt. #, etc.: suite #417
City & State: Fort Myers, FL	City & State: Fort Myers, FL
Zip: 33907 Country:	Zip: 33907 Country:

4. FEI Number 65-0405022 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NASSOIY, SHERRY 8359 BEACON BLVD #409 FORT MYERS, FL 33907	Name: CornerStone Assoc. Mgt. Inc. Street Address (P.O. Box Number is Not Acceptable): 8359 Beacon Blvd. suite #417 City: Fort Myers FL Zip Code: 33907

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: Sherry Nassoiy 4/24/06
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, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BISHOP, STEVE 11561 WESTLINKS DR FORT MYERS, FL 33913	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPTD KENNIKER, KENNETH 11581 WESTLINKS DR FORT MYERS, FL 33913	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SCHULLS, JOYCE D 12070 SABAL DUNES LANE FORT MYERS, FL 33912	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/S Thompson, David 12060 Sabal Lakes Lane Fort Myers, FL 33913	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Kenneth Kenniker 4-24-06 239-693-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #