

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90059 011 ****61.25

DOCUMENT # N45958	
1. Entity Name SABAL DUNES NEIGHBORHOOD ASSOCIATION, INC.	

Principal Place of Business 8359 BEACON BLVD SUITE 412 FORT MYERS FL 33907 US	Mailing Address 8359 BEACON BLVD SUITE 412 FORT MYERS FL 33907 US
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2. Principal Place of Business - No P.O. Box # 8359 Beacon Blvd	3. Mailing Address 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 US

4. FEI Number
65-0405022

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

1st MOORE CR2E037 (10/06)

Applied For
Not Applicable

6. Name and Address of Current Registered Agent CORNERSTONE ASSOC. MGT. INC 8359 BEACON BLVD SUITE 417 FORT MYERS FL 33907
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

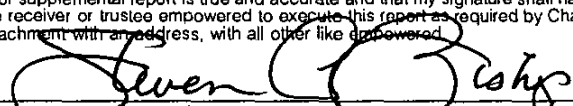
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution ☐ \$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	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	VP ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS THOMPSON, DAVID 12060 SABAL LAKES LN FORT MYERS FL 33913 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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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 Section 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:  **4-9-7 235-561-2320**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #