

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45958

FILED
Apr 25, 2009
Secretary of State

Entity Name: SABAL DUNES NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

C/O CORNERSTONE ASSOCIATION MANAGEMENT INC
11940 FAIRWAY LAKES DR. SUITE 04
FORT MYERS, FL 33913 US

New Principal Place of Business:

Current Mailing Address:

C/O CORNERSTONE ASSOCIATION MANAGEMENT INC
11940 FAIRWAY LAKES DR. SUITE 04
FORT MYERS, FL 33913 US

New Mailing Address:

FEI Number: 65-0405022

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NASSOIY, SHERRY
C/O CORNERSTONE ASSOCIATION MANAGEMENT INC
11940 FAIRWAY LAKES DR. SUITE 04
FORT MYERS, FL 33913 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: BISHOP, STEVE
Address: 11561 WESTLINKS DR
City-St-Zip: FORT MYERS, FL 33913

Title: DVP () Delete
Name: KENNIKER, KENNETH
Address: 11581 WESTLINKS DR
City-St-Zip: FORT MYERS, FL 33913

Title: DST () Delete
Name: THOMPSON, DAVID
Address: 12060 SABAL LAKES LN
City-St-Zip: FORT MYERS, FL 33913

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change () Addition
Name: BISHOP, STEVE
Address: 11561 WESTLINKS DR
City-St-Zip: FORT MYERS, FL 33913

Title: DP (X) Change () Addition
Name: KENNIKER, KENNETH
Address: 11581 WESTLINKS DR
City-St-Zip: FORT MYERS, FL 33913

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SHERRY NASSOIY

RA

04/25/2009

Electronic Signature of Signing Officer or Director

Date