FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000000837 (4)**

1. Corporation Name

SOUTHERN DUNES MASTER COMMUNITY ASSOCIATION, INC

Principal Place of Business	Mailing Address
2888 SOUTHERN DUNES BLVD HAIENS CITY FL 33844 US	2888 SOUTHERN DUNES BLVD HAINES CITY FL 33844 US

3. Date Incorporated or Qualified: 02/16/1994
3a. Date of Last Report: 07/10/1995

2. Principal Place of Business
21: 2180 WEST SR 434
22 Suite, Apt. #, etc.: 5000
23 City & State: LONGWOOD FL
24 Zip: 32779
25 Country:

2a. Mailing Address
26: 2180 WEST SR 434
27 Suite, Apt. #, etc.: 5000
28 City & State: LONGWOOD FL
29 Zip: 32779
30 Country:

4. FEI Number: 59-3230399 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DONLEY, TERRY
2235 CRUMP ROAD
WINTER HAVEN FL 33884

10. Name and Address of New Registered Agent

81 Name: JAMES W HART JR
82 Street Address (P.O. Box Number is Not Acceptable): SENTRY MANAGEMENT INC
83: 2180 WEST SR 434 STE 5000
84 City: LONGWOOD FL 85 Zip Code: 32779

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ 3/6/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name changed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	STD	☒ Change ☐ Addition
NAME	WOODLEY, RICHARD M		1.2 NAME		
STREET ADDRESS	815 ORIENTA AVE., STE. 101		1.3 STREET ADDRESS	5401 S. KIRKMAN ROAD STE 525	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701		1.4 CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE	D	☐ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	DONLEY, TERRY		2.2 NAME		
STREET ADDRESS	2235 CRUMP ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33884		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	FORREST, RALPH		3.2 NAME		
STREET ADDRESS	2235 CRUMP ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33884		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 3/27/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #