

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000837

FILED
Apr 19, 2005
Secretary of State

Entity Name: SOUTHERN DUNES MASTER COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-3230399

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR.
SENTRY MANAGEMENT INC.
2180 WEST SR 434, STE 5000
LONGWOOD, FL 32779 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: PD () Delete
Name: GROBASKY, WILLIAM
Address: 1906 SOUTHERN DUNES BLVD
City-St-Zip: HAINES CITY, FL 33844

Title: VPD () Delete
Name: BARROWMAN, JOHN
Address: 2113 MALLORY CIR
City-St-Zip: HAINES CITY, FL 33884

Title: SD () Delete
Name: DURBIN, JOHN F
Address: 5 STEAM GUN PL
City-St-Zip: HILTON HEAD ISLAND, SC 29928

Title: TD () Delete
Name: HOWE, DAVID W
Address: 2227 MALLORY CIR
City-St-Zip: HAINES CITY, FL 33884

Title: D () Delete
Name: QUINLAN, MICHAEL
Address: 2385 PAULETTE DR
City-St-Zip: HAINES CITY, FL 33844

Title: D () Delete
Name: FORREST, RALPH
Address: 2888 SOUTHERN DUNES BLVD
City-St-Zip: HAINES CITY, FL 33844

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: MYERS, PATRICIA
Address: PO BOX 933
City-St-Zip: HAINES CITY, FL 33845

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WILLIAM GROBASKY

PD

04/19/2005

Electronic Signature of Signing Officer or Director

Date