


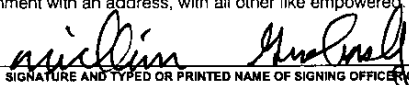


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2006 8:00 am
Secretary of State

06-08-2006 90001 021 ****61.25

DOCUMENT # N94000000837					
1. Entity Name SOUTHERN DUNES MASTER COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 US			Mailing Address 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 US		
2. Principal Place of Business 1801 Cook Avenue Suite, Apt. #, etc.		3. Mailing Address 1801 Cook Avenue Suite, Apt. #, etc.		40095030 	
City & State Orlando, Florida Zip 32806		City & State Orlando, Florida Zip 32806		04282006 Chg-NP CR2E037 (4/06)	
4. FEI Number 59-3230399				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
			Name Steven D. Asher Street Address (P.O. Box Number is Not Acceptable) 1801 Cook Avenue City Orlando, FL Zip Code 32806		
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 					
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 <input type="checkbox"/> \$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 GROBASKY, WILLIAM 1906 SOUTHERN DUNES BLVD HAINES CITY, FL 33844	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director BARBARA HEDDEN 2030 Southern Dunes Blvd. Haines City, FL 33844	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BARROWMAN, JOHN 2113 MALLORY CIR HAINES CITY, FL 33884	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Anthony Johnson 2117 Mallory Circle Haines City, FL 33844	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MYERS, PATRICIA PO BOX 933 HAINES CITY, FL 33845	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOWE, DAVID W 2227 MALLORY CIR HAINES CITY, FL 33884	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUINLAN, MICHAEL 2385 PAULETTE DR HAINES CITY, FL 33844	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORREST, RALPH 2888 SOUTHERN DUNES BLVD HAINES CITY, FL 33844	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					