


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90198 019 ****61.25

DOCUMENT # N94000000837 1. Entity Name SOUTHERN DUNES MASTER COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 1801 COOK AVENUE ORLANDO, FL 32806 US			Mailing Address 1801 COOK AVENUE ORLANDO, FL 32806 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ASHER, STEVEN D 1801 COOK AVENUE ORLANDO, FL 32806				Name Street Address (P.O. Box Number is Not Acceptable) City	
				<div style="text-align: right;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="text-align: right;"><small>DATE</small></div>					
Filing Fee Is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GROBASKY, WILLIAM		NAME		
STREET ADDRESS	1906 SOUTHERN DUNES BLVD		STREET ADDRESS		
CITY-ST-ZIP	HAINES CITY, FL 33844		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARROWMAN, JOHN		NAME		
STREET ADDRESS	2113 MALLORY CIR		STREET ADDRESS		
CITY-ST-ZIP	HAINES CITY, FL 33884		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MYERS, PATRICIA		NAME		
STREET ADDRESS	PO BOX 933		STREET ADDRESS		
CITY-ST-ZIP	HAINES CITY, FL 33845		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEDDON, BARBARA		NAME		
STREET ADDRESS	2030 SOUTHERN DUNES BLVD		STREET ADDRESS		
CITY-ST-ZIP	HAINES CITY, FL 33844		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHROPSHIRE, AMANDA		NAME		
STREET ADDRESS	905 AVENUE SE		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 33880		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, ANTHONY		NAME		
STREET ADDRESS	2117 MALLORY CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	HAINES CITY, FL 33844		CITY-ST-ZIP		

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03112008 Chg-NP CR2E037 (12/06)

4. FEI Number **59-3230399** Applied For
Not Applicable

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

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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.