# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 08, 2009**
**Secretary of State**

DOCUMENT# N94000000837

**Entity Name:** SOUTHERN DUNES MASTER COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

1801 COOK AVENUE
ORLANDO, FL 32806 US

**New Principal Place of Business:**

**Current Mailing Address:**

1801 COOK AVENUE
ORLANDO, FL 32806 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:**

ASHER, STEVEN D
1801 COOK AVENUE
ORLANDO, FL 32806 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: MYERS, PATRICIA
Address: PO BOX 933
City-St-Zip: HAINES CITY, FL 33845

Title: D ( ) Delete
Name: HEDDON, BARBARA
Address: 2030 SOUTHERN DUNES BLVD
City-St-Zip: HAINES CITY, FL 33844

Title: TD ( ) Delete
Name: SHROPSHIRE, AMANDA
Address: 905 AVENUE SE
City-St-Zip: WINTER HAVEN, FL 33880

Title: D ( ) Delete
Name: JOHNSON, ANTHONY
Address: 2117 MALLORY CIRCLE
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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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

Title: TD (X) Change ( ) Addition
Name: CASTI, MARIA
Address: 1614 FOREST HILLS LN
City-St-Zip: HAINES CITY, FL 33844

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: WILLIAM GROBASKY PD 01/08/2009

Electronic Signature of Signing Officer or Director — Date