

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90218 005 ****61.25

DOCUMENT # N45958

1. Entity Name
SABAL DUNES NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business
**C/O CORNER STONE ASS.
 2137 DAVIS BLVD
 FORT MYERS, FL 33905 US**

Mailing Address
**C/O CORNER STONE ASS.
 2137 DAVIS BLVD
 FORT MYERS, FL 33905 US**

50019792



2. Principal Place of Business
**8359 BEACON BLVD
 Suite, Apt. #, etc.
 # 409**

3. Mailing Address
**8359 BEACON BLVD
 Suite, Apt. #, etc.
 # 409**

01252005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0405022

Applied For
 Not Applicable

Zip
33907

Country

Zip
33907

Country

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

6. Name and Address of Current Registered Agent

**NASSOY, SHERRY
 C/O CORNERSTONE ASSOC. MANAGEMENT, INC.
 2137 DAVIS BLVD
 FORT MYERS, FL 33905**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable) **#409**
8359 BEACON BLVD.
 City **FL** Zip Code **33907**

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, 2005**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BISHOP, STEVE 11561 WESTLINKS DR FORT MYERS, FL 33913 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BOHATCH, MIKE 12070 SABAL LAKES LANE FORT MYERS, FL 33913 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MENZIES, LEE 12090 SABAL DUNES LANE FORT MYERS, FL 33913 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD KENNIKER, KENNETH 11581 WESTLINKS DR FORT MYERS FL 33913 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SP SCHULLS, JOYCE D 12070 SABAL DUNES LANE FORT MYERS FL 33913 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 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 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 #

Joyce D Schulls

2-21-05