


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90210 010 ****61.25

DOCUMENT # N45958

1. Entity Name
SABAL DUNES NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business
 8359 BEACON BLVD #409
 FORT MYERS, FL 33907 US

Mailing Address
 8359 BEACON BLVD #409
 2137 DAVIS BLVD
 FORT MYERS, FL 33907 US



2. Principal Place of Business
8359 Beacon Blvd
 Suite, Apt. #, etc.
suite #412

3. Mailing Address
8359 Beacon Blvd
 Suite, Apt. #, etc.
suite #412

03072006 Chg-NP CR2E037 (11/05)

City & State
Fort Myers, FL

City & State
Fort Myers, FL

Zip
33907 Country

Zip
33907 Country

4. FEI Number
65-0405022

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

NASSOY, SHERRY
 8359 BEACON BLVD #409
 FORT MYERS, FL 33907

7. Name and Address of New Registered Agent

Name
CornerStone Assoc. Mgt. Inc.

Street Address (P.O. Box Number is Not Acceptable)
8359 Beacon Blvd. suite #412

City
Fort Myers 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 *Sherry Nassoy* DATE *4/24/06*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

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	VPTD KENNIKER, KENNETH 11581 WESTLINKS DR FORT MYERS, FL 33913	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHULLS, JOYCE D 12070 SABAL DUNES LANE FORT MYERS, FL 33912	<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 type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S Thompson, David 12060 Sabal Lakes 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
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

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: *Kenneth Kenner* DATE: *4-24-06* 239-493-3800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #