2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45958

FILED Apr 19, 2008 Secretary of State

Entity Name: SABAL DUNES NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

New Principal Place of Business:

8359 BEACON BLVD

SUITE 417

Current Mailing Address:

FORT MYERS, FL 33907 US C/O CORNERSTONE ASSOCIATION MANAGEMENT INC

11940 FAIRWAY LAKES DR. SUITE 04 FORT MYERS, FL 33913

New Mailing Address:

8359 BEACON BLVD

SUITE 417

FEI Number: 65-0405022

FORT MYERS, FL 33907 US

C/O CORNERSTONE ASSOCIATION MANAGEMENT INC

11940 FAIRWAY LAKES DR. SUITE 04

FORT MYERS, FL 33913

Name and Address of Current Registered Agent:

FEI Number Not Applicable () Certificate of Status Desired ()

CORNERSTONE ASSOC. MGT. INC

8359 BEACON BLVD

SUITE 417

FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

NASSOIY, SHERRY C/O CORNERSTONE ASSOCIATION MANAGEMENT INC

11940 FAIRWAY LAKES DR. SUITE 04

FORT MYERS, FL 33913 US

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: SHERRY NASSOIY

04/19/2008

Electronic Signature of Registered Agent

FEI Number Applied For ()

Date

OFFICERS AND DIRECTORS:

() Delete

BISHOP, STEVE Name: 11561 WESTLINKS DR Address:

City-St-Zip: FORT MYERS, FL 33913

Title: () Delete KENNIKER, KENNETH Name: Address: 11581 WESTLINKS DR

FORT MYERS, FL 33913

FORT MYERS, FL 33913

City-St-Zip:

City-St-Zip:

Title: () Delete THOMPSON, DAVID Name: 12060 SABAL LAKES LN Address:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition

BISHOP, STEVE Name:

Address: 11561 WESTLINKS DR

City-St-Zip: FORT MYERS, FL 33913

Title: (X) Change () Addition

Name: KENNIKER, KENNETH Address: 11581 WESTLINKS DR City-St-Zip: FORT MYERS, FL 33913

Title: DST (X) Change () Addition

THOMPSON, DAVID Name: 12060 SABAL LAKES LN Address: City-St-Zip: FORT MYERS, FL 33913

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: SHERRY NASSOIY RΑ 04/19/2008