

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 25, 2009  
Secretary of State**

DOCUMENT# N45958

Entity Name: SABAL DUNES NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O CORNERSTONE ASSOCIATION MANAGEMENT INC  
11940 FAIRWAY LAKES DR. SUITE 04  
FORT MYERS, FL 33913 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O CORNERSTONE ASSOCIATION MANAGEMENT INC  
11940 FAIRWAY LAKES DR. SUITE 04  
FORT MYERS, FL 33913 US

**New Mailing Address:**

FEI Number: 65-0405022      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NASSOIY, SHERRY  
C/O CORNERSTONE ASSOCIATION MANAGEMENT INC  
11940 FAIRWAY LAKES DR. SUITE 04  
FORT MYERS, FL 33913 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: DP ( ) Delete  
Name: BISHOP, STEVE  
Address: 11561 WESTLINKS DR  
City-St-Zip: FORT MYERS, FL 33913

Title: DVP ( ) Delete  
Name: KENNIKER, KENNETH  
Address: 11581 WESTLINKS DR  
City-St-Zip: FORT MYERS, FL 33913

Title: DST ( ) Delete  
Name: THOMPSON, DAVID  
Address: 12060 SABAL LAKES LN  
City-St-Zip: FORT MYERS, FL 33913

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DVP (X) Change ( ) Addition  
Name: BISHOP, STEVE  
Address: 11561 WESTLINKS DR  
City-St-Zip: FORT MYERS, FL 33913

Title: DP (X) Change ( ) Addition  
Name: KENNIKER, KENNETH  
Address: 11581 WESTLINKS DR  
City-St-Zip: FORT MYERS, FL 33913

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: SHERRY NASSOIY

RA

04/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date