above, or on an attachment with all other like empowered.

PRESIDENT

SIGNATURE: BOB SHOCKMAN

City-State-Zip: FORT MYERS FL 33913

Electronic Signature of Signing Officer/Director Detail

2019 FLORIDA NOT FOR PROFIT C	ORPORATION ANNUAL REPORT

DOCUMENT# N45958

Entity Name: SABAL DUNES NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

C/O CORNERSTONE ASSOCIATION MANAGEMENT INC 11934 FAIRWAY LAKES DR. SUITE 01 FORT MYERS, FL 33913

Current Mailing Address:

C/O CORNERSTONE ASSOCIATION MANAGEMENT INC 11934 FAIRWAY LAKES DR. SUITE 01 FORT MYERS, FL 33913 US

FEI Number: 65-0405022

Name and Address of Current Registered Agent:

NASSOIY, SHERRY C/O CORNERSTONE ASSOCIATION MANAGEMENT INC 11934 FAIRWAY LAKES DR. SUITE 01 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:

	Electronic Signature of Registered Agent		Date	
Officer/Director Detail :				
Title	PRESIDENT	Title	SECRETARY, TREASURER	
Name	SHOCKMAN, BOB	Name	BECK, BETH	
Address	C/O CORNERSTONE ASSOCIATION MANAGEMENT INC 11934 FAIRWAY LAKES DR. SUITE 01	Address	C/O CORNERSTONE ASSOCIATION MANAGEMENT INC 11934 FAIRWAY LAKES DR. SUITE 01	
City-State-Zip:	FORT MYERS FL 33913	City-State-Zip:	FORT MYERS FL 33913	
Title	VP			
Name	ANDREW, MAYER			
Address	C/O CORNERSTONE ASSOCIATION MANAGEMENT INC 11934 FAIRWAY LAKES DR. SUITE 01			

I hereby 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

FILED Apr 13, 2019 Secretary of State 2125091727CC

Certificate of Status Desired: No

04/13/2019 Date