

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N45958

**Entity Name:** SABAL DUNES NEIGHBORHOOD ASSOCIATION, INC.

**FILED**  
**Apr 28, 2021**  
**Secretary of State**  
**5269194315CC**

**Current Principal Place of Business:**

C/O CORNERSTONE ASSOCIATION MANAGEMENT INC  
11934 FAIRWAY LAKES DR. SUITE01  
FORT MYERS, FL 33913

**Current Mailing Address:**

C/O CORNERSTONE ASSOCIATION MANAGEMENT INC  
11934 FAIRWAY LAKES DR. SUITE01  
FORT MYERS, FL 33913 US

**FEI Number: 65-0405022**

**Certificate of Status Desired: No**

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

CORNERSTONE ASSOCIATION MANAGEMENT  
C/O CORNERSTONE ASSOCIATION MANAGEMENT INC  
11934 FAIRWAY LAKES DR. SUITE01  
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**

**04/28/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SHOCKMAN, BOB  
Address        C/O CORNERSTONE ASSOCIATION  
                  MANAGEMENT INC  
                  11934 FAIRWAY LAKES DR. SUITE01  
City-State-Zip: FORT MYERS FL 33913

Title            SECRETARY, TREASURER  
Name            BECK, BETH  
Address        C/O CORNERSTONE ASSOCIATION  
                  MANAGEMENT INC  
                  11934 FAIRWAY LAKES DR. SUITE01  
City-State-Zip: FORT MYERS FL 33913

Title            VP  
Name            COSTIGAN, TODD  
Address        C/O CORNERSTONE ASSOCIATION  
                  MANAGEMENT INC  
                  11934 FAIRWAY LAKES DR. SUITE01  
City-State-Zip: FORT MYERS FL 33913

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

**SIGNATURE: BOB SHOCKMAN**

**PRESIDENT**

**04/28/2021**

Electronic Signature of Signing Officer/Director Detail

Date