

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90168 007 \*\*\*\*61.25

**DOCUMENT # N45958**

1. Entity Name

**SABAL DUNES NEIGHBORHOOD ASSOCIATION, INC.**



Principal Place of Business

**C/O PRIME MANAGEMENT  
9400 GLADIOLUS DR. SUITE 100  
FORT MYERS FL 33908  
US**

Mailing Address

**C/O PRIME MANAGEMENT  
9400 GLADIOLUS DR. SUITE 100  
FORT MYERS FL 33908  
US**



CHECK HERE IF MAKING CHANGES

**C/o CornerStone Association  
Management, Inc.  
2137 Davis Blvd.  
Ft. Myers, FL**

**C/o CornerStone Association  
Management, Inc.  
2137 Davis Blvd.  
Ft. Myers, FL**

4. FEI Number **65-0405022**

Applied For  
Not Applicable

Zip **33905**

Country **USA**

Zip **33905**

Country **USA**

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

6. Name and Address of Current Registered Agent

**O'NEILL, ARLENE  
C/O PRIME MANAGEMENT  
9400 GLADIOLUS DR, SUITE 100  
FORT MYERS FL 33908**

7. Name and Address of New Registered Agent

Name **SHERRY NASSOBY**  
**C/o CornerStone Association  
Management, Inc.  
2137 Davis Blvd.  
Ft. Myers, FL**

FL Zip Code **33905**

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 Nassoby*  
Signature, typed or printed, name of registered agent and title if applicable.

2/13/03

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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	<b>PD BISHOP, JOANN 11561 WESTLINKS DR FT MYERS FL 33913</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV O'BRIEN, CONSTANCE 12050 SABAL LAKES LANE FT MYERS FL 33913</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD MENZIES, MARY 12090 SABAL DUNES LANE FT MYERS FL 33913</b>	<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	<b>P/D STEVE BISHOP 11561 WESTLINKS DR FT. MYERS, FL 33913</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/D MIKE BOHATCH 12070 SABAL LAKES LANE FT. MYERS, FL 33913</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SIT Lee menzies 12090 Sabal Dunes Lane FT. MYERS, FL 33913</b>	<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 exemption stated in Section 119.07(3)(i), 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 another like empowered.

SIGNATURE: *Sherry Nassoby*  
SIGNATURE REQUIRED

3-14-03 239 56-2320

CR2E037 (10/02)