2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755335

FILED Mar 31, 2009 Secretary of State

Entity Name: THE SANCTUARY AT PELICAN BAY ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1044 CASTELLO DRIVE SUITE 206 NAPLES, FL 34103 **Current Mailing Address: New Mailing Address:** C/O SOUOTHWEST PROPERTY MGMT 1044 CASTELLO DR., #206 NAPLES, FL 34103 FEI Number: 93-0828325 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SOUTHWEST PROPERTY MANAGEMENT CORP. 1044 CASTELLO DR., #206 NAPLES, FL 34103 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition KEANE, GENE KEANE, GENE Name: Name: 5960 PELICAN BAY BLVD., #213 Address: 5960 PELICAN BAY BLVD., #213 Address: City-St-Zip: NAPLES, FL 34108 City-St-Zip: NAPLES, FL 34108 Title: Title: () Delete () Change () Addition Name: SAGE, JOHN Name: Address: 5970 PELICAN BAY BLVD., #533 Address: City-St-Zip: NAPLES, FL 34108 City-St-Zip: Title: Title: () Change () Addition () Delete DAVIES, ROY Name: Name: 5954 PELICAN BAY BLVD. #233 Address: Address: City-St-Zip: NAPLES, FL 34108 City-St-Zip: (X) Change () Addition Title: () Delete Title: Name: ARNOLD, STEVE Name: SOMERSET, MARGARET 5970 PELICAN BAY BLVD., #532 5954 PELICAN BAY BLVD., #212 Address: Address: City-St-Zip: NAPLES, FL 34108 City-St-Zip: NAPLES, FL 34108 Title: () Delete Title: (X) Change () Addition HAINES, GERRY REES, MORGAN Name: Name: 5954 PELICAN BAY BLVD #213 5964 PELICAN BAY BLVD #221 Address: Address: NAPLES, FL 34108 City-St-Zip: NAPLES, FL 34108 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: GENE KEANE Ρ 03/31/2009