

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90379 048 ****61.25

DOCUMENT # 755335

1. Entity Name

THE SANCTUARY AT PELICAN BAY ASSOCIATION, INC.



Principal Place of Business

**5960 PELICAN BAY BLVD
#322
NAPLES FL 33963**

Mailing Address

**5960 PELICAN BAY BLVD
#322
NAPLES FL 33963**

11038653



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

% Southwest Property Mgmt.

1044 Castello Dr., #206

Naples, FL

34103

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **93-0828325**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

JONES, WILLIAM P

5964 PELICAN BAY BLVD #214

NAPLES FL 34108

7. Name and Address of New Registered Agent

Name

Southwest Property Management Corp.

Street Address (P.O. Box Number is Not Acceptable)

1044 Castello Dr., #206

City

Naples,

FL

Zip Code

34103

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

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T** ☐ Delete
NAME **BURNS, BETTY**
STREET ADDRESS **5964 PELICAN BAY BLVD #432**
CITY-ST-ZIP **NAPLES FL 34108**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **RIZZIE, MELVIN**
STREET ADDRESS **5950 PELICAN BAY BLVD. #115**
CITY-ST-ZIP **NAPLES FL 34108**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☒ Delete
NAME **JONES, WILLIAM P**
STREET ADDRESS **5954 PELICAN BAY BLVD #214**
CITY-ST-ZIP **NAPLES FL 34108**

TITLE **PD** ☐ Change ☒ Addition
NAME **Bolen, Mary L.**
STREET ADDRESS **5950 Pelican Bay Blvd., #133**
CITY-ST-ZIP **Naples, FL 34108**

TITLE **D** ☐ Delete
NAME **O'BRIEN, PATRICIA**
STREET ADDRESS **5970 PELICAN BAY BLVD. #513**
CITY-ST-ZIP **NAPLES FL 34108**

TITLE **SD** ☒ Change ☐ Addition
NAME **O'Brien, Patricia**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **CARNICELLI, JAMES**
STREET ADDRESS **5960 PELICAN BAY BLVD #331**
CITY-ST-ZIP **NAPLES FL 34108**

TITLE **b** ☐ Change ☒ Addition
NAME **Merrill, Henry J.**
STREET ADDRESS **5964 Pelican Bay Blvd., #425**
CITY-ST-ZIP **Naples, FL 34108**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE: **X Patricia O'Brien** **4-21-03 (239)566-7464**

CR2E037 (10/02)