

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000454

FILED
Apr 24, 2009
Secretary of State

Entity Name: SANCTUARY AT HAWK'S CAY PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

800 DUCK KEY DRIVE
MARATHON, FL 33050

New Principal Place of Business:

Current Mailing Address:

800 DUCK KEY DRIVE
MARATHON, FL 33050

New Mailing Address:

FEI Number: 20-0397441

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOBY, MICHELLE
800 DUCK KEY DRIVE
MARATHON, FL 33050 US

Name and Address of New Registered Agent:

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:

Title: V () Delete
Name: VARCAK, THOMAS
Address: 2250 EVERGREEN DRIVE
City-St-Zip: PERRY, OH 44081

Title: P () Delete
Name: ALLISON, JOHN R III
Address: 6805 OVERSEAS HWY.
City-St-Zip: MARATHON, FL 33050

Title: D () Delete
Name: MICHAL, WALTER
Address: 3759 LOCHBEND DR.
City-St-Zip: COMMERCE TWP, MI 48382

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ALLISON, JOHN R III
Address: P.O. BOX 2129
City-St-Zip: KEY WEST, FL 33045

Title: DVS (X) Change () Addition
Name: VARCAK, THOMAS
Address: 2250 EVERGREEN DRIVE
City-St-Zip: PERRY, OH 44081

Title: DT (X) Change () Addition
Name: MICHAL, WALTER
Address: 3759 LOCHBEND DR.
City-St-Zip: COMMERCE TWP, MI 48382

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: JOHN ALLISON

P

04/24/2009

Electronic Signature of Signing Officer or Director

_____ Date