

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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AND  
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APR 17 PM 4:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N15619 (2)**  
1. Corporation Name  
**SANCTUARY BY THE SEA HOMEOWNERS ASSOCIATION, INC**

Principal Place of Business <b>2255 MOCKINGBIRD LANE INDIALANTIC FL 32903</b>	Mailing Address <b>2255 MOCKINGBIRD LANE INDIALANTIC FL 32903</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/26/1986</b>	3a. Date of Last Report <b>01/21/1994</b>
4. FEI Number <b>59-2689729</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75 Supplemental Fee Not Required</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suits, Apt. #, etc. 22. City & State 23. Zip Country	2a. Mailing Address 26. Suits, Apt. #, etc. 27. City & State 28. Zip Country
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g. Name and Address of Current Registered Agent  
**CAPPS, STEWART  
777N HWY A1A  
STE. 202  
INDIALANTIC FL 32903**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<del>QUINN, RANK</del>
STREET ADDRESS	<del>163 PEREGRINE DR</del>
CITY - ST - ZIP	<del>INDIALANTIC FL</del>
TITLE	<b>VD</b>
NAME	<del>COLSON, STAN</del>
STREET ADDRESS	<del>442 SANDERLING DR</del>
CITY - ST - ZIP	<del>INDIALANTIC FL</del>
TITLE	<b>TD</b>
NAME	<b>CASSONI, JOHN P</b>
STREET ADDRESS	<b>153 PEREGRINE DR</b>
CITY - ST - ZIP	<b>INDIALANTIC FL</b>
TITLE	<b>SD</b>
NAME	<b>GLASER, TED</b>
STREET ADDRESS	<b>582 SANDERLING DR</b>
CITY - ST - ZIP	<b>INDIALANTIC FL</b>
TITLE	<b>D</b>
NAME	<b>FREEMAN, SEAN</b>
STREET ADDRESS	<b>528 PEREGRINE DR</b>
CITY - ST - ZIP	<b>INDIALANTIC FL</b>
TITLE	<b>D</b>
NAME	<b>CAPPS, STEWART</b>
STREET ADDRESS	<b>628 PEREGRINE DR</b>
CITY - ST - ZIP	<b>INDIALANTIC FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>CAPPS, STEWART</b>	
1.3 STREET ADDRESS	<b>628 PEREGRINE DRIVE</b>	
1.4 CITY - ST - ZIP	<b>INDIALANTIC, FL 32903</b>	
2.1 TITLE	<b>V/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>GREGORY, SUSAN</b>	
2.3 STREET ADDRESS	<b>662 SANDERLING DRIVE</b>	
2.4 CITY - ST - ZIP	<b>INDIALANTIC, FL 32903</b>	
3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>GARBER, CLAUDETTE</b>	
3.3 STREET ADDRESS	<b>563 PEREGRINE DRIVE</b>	
3.4 CITY - ST - ZIP	<b>INDIALANTIC, FL 32903</b>	
4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>KRONENFELD, JERRY</b>	
4.3 STREET ADDRESS	<b>312 PEREGRINE DRIVE</b>	
4.4 CITY - ST - ZIP	<b>INDIALANTIC, FL 32903</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Stewart Capps (STEWART CAPPS) PRESIDENT 4-11-95 407-727-3200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)