

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

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N15619 (2)**  
1. Corporation Name  
**SANCTUARY BY THE SEA HOMEOWNERS ASSOCIATION, INC**



Principal Place of Business Mailing Address  
**2255 MOCKINGBIRD LANE** **2255 MOCKINGBIRD LANE**  
**INDIALANTIC FL 32903** **INDIALANTIC FL 32903**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		06/26/1986	04/17/1995
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-2689729	Not Applicable
City & State		City & State		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CAPPS, STEWART</b> <b>777N HWY A1A</b> <b>STE. 202</b> <b>INDIALANTIC FL 32903</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CAPPS, STEWART		1.2 NAME	ALLEN, WILLIAM			
STREET ADDRESS	628 PEREGRINE DRIVE		1.3 STREET ADDRESS	689 HUMMINGBIRD DRIVE			
CITY-ST-ZIP	INDIALANTIC FL		1.4 CITY-ST-ZIP	INDIALANTIC, FL 32903			
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GREGORY, SUSAN		2.2 NAME	WOLFE, LYNN			
STREET ADDRESS	662 SANDERLING DRIVE		2.3 STREET ADDRESS	498 ORIOLE			
CITY-ST-ZIP	INDIALANTIC FL		2.4 CITY-ST-ZIP	INDIALANTIC, FL 32903			
TITLE	TD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CASSONI, JOHN P		3.2 NAME				
STREET ADDRESS	153 PEREGRINE DR		3.3 STREET ADDRESS				
CITY-ST-ZIP	INDIALANTIC FL		3.4 CITY-ST-ZIP				
TITLE	SD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GLASER, TED		4.2 NAME	MAKAC, ROY			
STREET ADDRESS	582 SANDERLING DR		4.3 STREET ADDRESS	801 PEREGRINE DR			
CITY-ST-ZIP	INDIALANTIC FL		4.4 CITY-ST-ZIP	INDIALANTIC, FL 32903			
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FREEMAN, SEAN		5.2 NAME	QUINN, FRANK			
STREET ADDRESS	528 PEREGRINE DR		5.3 STREET ADDRESS	161 PEREGRINE DR			
CITY-ST-ZIP	INDIALANTIC FL		5.4 CITY-ST-ZIP	INDIALANTIC, FL 32903			
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GABER, CLAUDETTE		6.2 NAME	COLSON, STAN			
STREET ADDRESS	563 PEREGRINE DRIVE		6.3 STREET ADDRESS	442 SANDERLING DR			
CITY-ST-ZIP	INDIALANTIC FL		6.4 CITY-ST-ZIP	INDIALANTIC, FL 32903			

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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this 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: William J. Allen PRESIDENT 4/28/96 (407) 777-7052  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)