


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

**FILED**  
**Apr 10 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT **1998**



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**

3. Date incorporated or Qualified  
**06/26/1986**

4. FEI Number **59-2689729**

Applied For  
 Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. 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 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

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ALLEN, WILLIAM	
STREET ADDRESS	689 HUMMINGBIRD DRIVE	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	STAUDT, DANIEL J	
STREET ADDRESS	243 PERE GRINE	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SNELLMAN, RON C	
STREET ADDRESS	675 HUMMINGBIRD DRIVE	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LA RUSSO, RANDY B	
STREET ADDRESS	622 SANDERLINE DR.	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ADAMS, DONALD D	
STREET ADDRESS	534 HUMMINGBIRD DR.	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FERNANDEZ, RICHARD S	
STREET ADDRESS	674 HUMMINGBIRD DR.	
CITY-ST-ZIP	INDIALANTIC FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DOLAN, BO	
1.3 STREET ADDRESS	831 PEREGRINE DRIVE	
1.4 CITY-ST-ZIP	INDIALANTIC, FL 32903	
2.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	COLSON, STANLEY	
2.3 STREET ADDRESS	442 SANDERLINE DRIVE	
2.4 CITY-ST-ZIP	INDIALANTIC, FL 32903	
3.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ALLEN, WILLIAM	
3.3 STREET ADDRESS	689 HUMMINGBIRD DRIVE	
3.4 CITY-ST-ZIP	INDIALANTIC, FL 32903	
4.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ROGERS, SUSAN	
4.3 STREET ADDRESS	810 PEREGRINE DRIVE	
4.4 CITY-ST-ZIP	INDIALANTIC, FL 32903	
5.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	STAUDT, DANIEL J	
5.3 STREET ADDRESS	243 PEREGRINE DRIVE	
5.4 CITY-ST-ZIP	INDIALANTIC, FL 32903	
6.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	ZEPF, MARITA	
6.3 STREET ADDRESS	400 ORIOLE LANE	
6.4 CITY-ST-ZIP	INDIALANTIC, FL 32903	

14. 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 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: \_\_\_\_\_ (BO DOLAN PRESIDENT) 4/3/98 407-773-0681

CR2E037 (10/97)