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**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N15619

1. Corporation Name  
**SANCTUARY BY THE SEA HOMEOWNERS ASSOCIATION, INC**

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/26/1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2689729	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing <input type="checkbox"/>	
24		29		Trust Fund Contribution	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MORRISON, CAROLYN 2255 MOCKINGBIRD LANE INDIALANTIC FL 32903				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		FL

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	P	<input type="checkbox"/> DELETE	1.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOLAN, ED		1.2 NAME	ALPER, TONI	
STREET ADDRESS	831 PEREGRINE DR		1.3 STREET ADDRESS	482 SANDERING DRIVE	
CITY-ST-ZIP	INDIALANTIC FL 32903		1.4 CITY-ST-ZIP	INDIALANTIC, FL 32903	
TITLE	VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLSON, STANELY		2.2 NAME	HEARNOON, BRENDA	
STREET ADDRESS	442 SANDERING DR		2.3 STREET ADDRESS	540 NIGHTINGALE DRIVE	
CITY-ST-ZIP	INDIALANTIC FL 32903		2.4 CITY-ST-ZIP	INDIALANTIC, FL 32903	
TITLE	T	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	ASSISTANT TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, WILLIAM		3.2 NAME	ALPER, GRACE ANN	
STREET ADDRESS	689 HUMMINGBIRD DR		3.3 STREET ADDRESS	342 PEREGRINE DRIVE	
CITY-ST-ZIP	INDIALANTIC FL 32903		3.4 CITY-ST-ZIP	INDIALANTIC, FL 32903	
TITLE	S	<input type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, SUSAN		4.2 NAME	ALLEN, WILLIAM	
STREET ADDRESS	810 PEREGRINE DR		4.3 STREET ADDRESS	689 HUMMINGBIRD DRIVE	
CITY-ST-ZIP	INDIALANTIC FL 32903		4.4 CITY-ST-ZIP	INDIALANTIC, FL 32903	
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUART, DANIEL J		5.2 NAME		
STREET ADDRESS	243 PEREGRINE DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC FL 32903		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZEPF, MARITA		6.2 NAME		
STREET ADDRESS	400 ORIOLE LN		6.3 STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC FL 32903		6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: ED DOLAN (REQUIRED) (ED DOLAN PRESIDENT) 3/23/99 (407) 773-0681  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)