

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90167 043 ****61.25

DOCUMENT # N15619

1. Entity Name

SANCTUARY BY THE SEA HOMEOWNERS ASSOCIATION, INC

Principal Place of Business

Mailing Address

2255 MOCKINGBIRD LANE
 INDIALANTIC FL 32903

2255 MOCKINGBIRD LANE
 INDIALANTIC FL 32903-4762

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2689729

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORRISON, CAROLYN
 2255 MOCKINGBIRD LANE
 INDIALANTIC FL 32903

Name: Elizabeth Stanley
 Street Address (P.O. Box Number is Not Acceptable): 2255 Mockingbird Lane
 City: Indialantic FL Zip Code: 32903

8. 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: Elizabeth Stanley Elizabeth Stanley DATE: 5/1/00
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DOLAN, ED	
STREET ADDRESS	831 PEREGRINE DR	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ALDER, TONI	
STREET ADDRESS	482 SANDERLING DR	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	T	<input type="checkbox"/> Delete
NAME	HERNOON, BRENDA	
STREET ADDRESS	540 NIGHTENGALE DR	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROGERS, SUSAN	
STREET ADDRESS	810 PEREGRINE DR	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALLEN, WILLIAM	
STREET ADDRESS	689 HUMMINGBIRD DR	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ZEPF, MARITA	
STREET ADDRESS	400 ORIOLE LN	
CITY-ST-ZIP	INDIALANTIC FL 32903	

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D'Amato, Brian	
STREET ADDRESS	800 Peregrine dr.	
CITY-ST-ZIP	Indialantic, FL 32903	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hipsley, Gay	
STREET ADDRESS	830 Peregrine dr.	
CITY-ST-ZIP	Indialantic, FL 32903	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Davis, Gene	
STREET ADDRESS	851 Peregrine	
CITY-ST-ZIP	Indialantic, FL 32903	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rogers, Susan	
STREET ADDRESS	810 Peregrine	
CITY-ST-ZIP	Indialantic FL 32903	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Coruzzi, Bernice	
STREET ADDRESS	681 Nightingale	
CITY-ST-ZIP	Indialantic, FL 32903	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Garcia, Martha	
STREET ADDRESS	471 mallard	
CITY-ST-ZIP	Indialantic, FL 32903	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Brenda Herndon DATE: 5/1/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/99)