

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90017 033 \*\*\*\*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**

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 **Kevin Marrs**  
 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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

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: **Bernice Corruzi**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/28/01**  
 Daytime Phone #

CR2E037 (10/00)