

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

0069482

DOCUMENT # N15619

1. Entity Name

SANCTUARY BY THE SEA HOMEOWNERS ASSOCIATION, INC

02-06-2002 90013 045 ****61.25

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2255 Mockingbird Ln	3. Mailing Address 2255 Mockingbird Ln
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Indialantic, FL	City & State Indialantic, FL	4. FEI Number 59-2689729	Applied For <input type="checkbox"/> Not Applicable
Zip 32903	Country	Zip 32903	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

MARRS, KEVIN
2255 MOCKINGBIRD LANE
INDIALANTIC FL 32903

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

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 _____ (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

TITLE VP	<input checked="" type="checkbox"/> Delete
NAME D'AMATO, BRIAN	
STREET ADDRESS 800 PEREGRINE DRIVE	
CITY-ST-ZIP INDIALANTIC FL 32903	
TITLE D	<input type="checkbox"/> Delete
NAME DAVIS, GENE	
STREET ADDRESS 851 PEREGRINE DRIVE	
CITY-ST-ZIP INDIALANTIC FL 32903	
TITLE T	<input checked="" type="checkbox"/> Delete
NAME HERNOON, BRENDA	
STREET ADDRESS 540 NIGHTENGAL DR	
CITY-ST-ZIP INDIALANTIC FL 32903	
TITLE P	<input checked="" 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 HIPSLEY, GAY	
STREET ADDRESS 830 PEREGRINE DRIVE	
CITY-ST-ZIP INDIALANTIC FL 32903	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME CORRUZI, BERNICE	
STREET ADDRESS 681 NIGHTINGALE	
CITY-ST-ZIP INDIALANTIC FL 32903	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Peter Taraschi	
STREET ADDRESS 860 Peregrine	
CITY-ST-ZIP Indialantic, FL 32903	
TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Kenneth Kept	
STREET ADDRESS 400 Oride	
CITY-ST-ZIP Indialantic, FL 32903	
TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Mark LaRusso	
STREET ADDRESS 622 Sanderling	
CITY-ST-ZIP Indialantic, FL 32903	
TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Linda Hopkins	
STREET ADDRESS 401 Mallard	
CITY-ST-ZIP Indialantic, FL 32903	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Neal weiss	
STREET ADDRESS 862 Sanderling	
CITY-ST-ZIP Indialantic, FL 32903	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Martha Garcia	
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: _____ SIGNATURE REQUIRED _____ 1/17/02 321-773-3139

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E037 (9/01)