


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90038 012 ****70.00

DOCUMENT # N15619

1. Entity 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
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01262005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2689729

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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 **Phyllis Brooks**
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Phyllis Brooks* DATE **2-2-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25**
 Due by **May 1, 2005**

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

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUCKER, NORMAN 685 SANDERLING DR INDIALANTIC, FL 32903	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Dian Scott 483 Peregrine Dr Indialantic Fl 32903	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALLEN, WILLIAM F 689 HUMMINGBIRD DR INDIALANTIC, FL 32903	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Donna O'Malley 471 Mallard Ln Indialantic Fl 32903	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GLASER, TED 582 SANDERLING DR INDIALANTIC, FL 32903	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOHFF, DARLEEN 654 HUMMINGBIRD DR INDIALANTIC, FL 32903	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SZOSTAT, DAVID 565 SANDERLING DR INDIALANTIC, FL 32903	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Barbara Yandel 635 Carass Indialantic Fl 32903	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISCHER, MIKE 565 SANDERLING DR INDIALANTIC, FL 32903	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowerments.

SIGNATURE: *Dee Salt* DATE _____ DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR