

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 05 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N31994 (9)
 1. Corporation Name
 SANCTUARY IV AT LONGBOAT KEY CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
 C/O CONDOMINIUM MANAGEMENT 1801 GLENGARY ST. SARASOTA FL 34231-3603
 C/O CONDOMINIUM MANAGEMENT 1801 GLENGARY ST. SARASOTA FL 34231-3603

3. Date Incorporated or Qualified
 04/28/1989
 4. FEI Number
 65-0155878
 Applied For Not Applicable

2. Principal Place of Business 26. Mailing Address
 21. SANCTUARY IV CONDO ASSOC INC 26. SANCTUARY IV CONDO ASSOC INC
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22. 535 SANCTUARY DRIVE 27. 537 SANCTUARY DRIVE
 City & State City & State
 23. LONGBOATKEY, FLA. 28. LONGBOATKEY, FLA.
 Zip Country Zip Country
 24. 34228 25. SARASOTA 29. 34228 30. SARASOTA

5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 7. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 CONDOMINIUM MANAGEMENT INC.
 1801 GLENGARY ST.
 SARASOTA FL 34231-3603

10. Name and Address of New Registered Agent
 81. Name
 NICK LLOYD
 82. Street Address (P.O. Box Number is Not Acceptable)
 1750 BAYWOOD WAY
 83.
 84. City SARASOTA FL 85. Zip Code 34231

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: *Nick Lloyd* *Sanctuary Community Association General Manager* 7-15-98
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	ZEE MAN, STANLEY	
STREET ADDRESS	535 SANCTUARY DR #C406	
CITY-ST-ZIP	LONGBOAT FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ZEE MAN, STANLEY D	
STREET ADDRESS	535 SANCTUARY DR.	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HENRY, RICHARD	
STREET ADDRESS	535 SANCTUARY DR. UNIT #B-604	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	O'CONNOR, CORNELIUS	
STREET ADDRESS	535 SANCTUARY DR. UNIT #A-702	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BARKER, JOSEPH	
STREET ADDRESS	535 SANCTUARY DR. UNIT #A-802	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	CLARK, P. RICHARD	
STREET ADDRESS	1801 GLENGARY ST.	
CITY-ST-ZIP	SARASOTA, FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ZEE MAN, STANLEY	
1.3 STREET ADDRESS	535 SANCTUARY DR. # C406	
1.4 CITY-ST-ZIP	LONGBOATKEY, FLA. 34228	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SHAPIRO, SAMUEL	
2.3 STREET ADDRESS	535 SANCTUARY DR. #C-707	
2.4 CITY-ST-ZIP	LONGBOATKEY, FLA. 34228	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TASSINARI, ERNIE	
3.3 STREET ADDRESS	535 SANCTUARY DR. #C-208	
3.4 CITY-ST-ZIP	LONGBOAT KEY, FLA. 34228	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Thomas, Dr. JIM	
4.3 STREET ADDRESS	535 SANCTUARY DR # B-705	
4.4 CITY-ST-ZIP	LONGBOATKEY, FLA. 34228.	
5.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BARKER, JOSEPH	
5.3 STREET ADDRESS	535 SANCTUARY DR. UNIT #A-802	
5.4 CITY-ST-ZIP	LONGBOATKEY, FLA. 34228	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(l), 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.

SIGNATURE: *Samuel Shapiro* / SAMUEL SHAPIRO 7/29/98 (941) 383-6021
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)