

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED 14

Client **Feb 27, 2006 08:00 AM**

Account # **Secretary of State**

Amount **\$61.25**

Verified By **May 2-17-06**

Approved By _____



1st MOORE CR2E037 (10/05)

DOCUMENT # N31994
1. Entity Name
SANCTUARY IV AT LONGBOAT KEY CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business SANCTUARY IV CONDO ASSOC INC 535 SANCTUARY DR LONGBOAT KEY FL 34228 US	Mailing Address SANCTUARY IV CONDO ASSOC INC 537 SANCTUARY DR LONGBOAT KEY FL 34228 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number NO-T APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LLOYD, NICK
1750 BAYWOOD WAY
SARASOTA FL 34231**

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. I am familiar with, and agree to, the obligations of registered agent.

SIGNATURE *Nick Lloyd* **Nick Lloyd General Manager** **01-31-06**
Signature, typed or printed name of registered agent and title if appropriate (NOTE: Registered Agent signature is required when transferring) DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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	
TITLE SD	NAME SEGALL, RICH <input type="checkbox"/> Delete STREET ADDRESS 535 SANCTUARY DR, # A-701 CITY-ST-ZIP LONGBOAT FL 34228
TITLE D	NAME FARRINGTON, HUGH <input type="checkbox"/> Delete STREET ADDRESS 535 SANCTUARY DR, # C-306 CITY-ST-ZIP LONGBOAT KEY FL 34228
TITLE TD	NAME SEERY, MICHAEL <input type="checkbox"/> Delete STREET ADDRESS 535 SANCTUARY DR, #A-601 CITY-ST-ZIP LONGBOAT KEY FL 34228
TITLE PD	NAME BARKER, JOSEPH <input type="checkbox"/> Delete STREET ADDRESS 535 SANCTUARY DRIVE, #A-802 CITY-ST-ZIP LONGBOAT KEY FL 34228
TITLE D	NAME SWEET, MIRIAM <input type="checkbox"/> Delete STREET ADDRESS 535 SANCTUARY DR, #A-201 CITY-ST-ZIP LONGBOAT KEY FL 34228
TITLE 	NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE 	NAME <input type="checkbox"/> Change <input type="checkbox"/> Add STREET ADDRESS 000000447905 CITY-ST-ZIP 03/08/06-80078-005 61.25
TITLE 	NAME <input type="checkbox"/> Change <input type="checkbox"/> Add STREET ADDRESS CITY-ST-ZIP
TITLE 	NAME <input type="checkbox"/> Change <input type="checkbox"/> Add STREET ADDRESS CITY-ST-ZIP
TITLE 	NAME <input type="checkbox"/> Change <input type="checkbox"/> Add STREET ADDRESS CITY-ST-ZIP
TITLE 	NAME <input type="checkbox"/> Change <input type="checkbox"/> Add STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 *Joseph Barker* **Joseph Barker** **2/21/06**