


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90025 002 ****61.25

DOCUMENT # N40099

1. Entity Name
THE SANCTUARY AT BONITA BAY HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**C/O STERLING PROPERTY
 27800 OLD 41 ROAD
 BONITA SPRINGS, FL 34135 US**

Mailing Address
**C/O STERLING PROPERTY
 27800 OLD 41 ROAD
 BONITA SPRINGS, FL 34135 US**

400000



2. Principal Place of Business - No P.O. Box #
90 STERLING PROPERTY

3. Mailing Address
90 STERLING PROPERTY

Suite, Apt. #, etc.
27180 BAY LANDING DRIVE

City & State
BONITA SPRING FL

Zip
34135

01242008 Chg-NP CR2E037 (12/06)

4. FEI Number
31-1337244

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**O'GORMAN, JOHN
 C/O STERLING PROPERTY SRVS
 27800 OLD 41 RD
 BONITA SPRINGS, FL 34135**

7. Name and Address of New Registered Agent

Name
O'GORMAN, JOHN

Street Address (P.O. Box Number is Not Acceptable)
**90 STERLING PROPERTY SERVICES
 27180 BAY LANDING DRIVE, SUITE #4**

City
BONITA SPRING

State
FL

Zip Code
34135

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 *[Signature]* DATE **3/26/08**

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, 2008**

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 NAME STREET ADDRESS CITY-ST-ZIP	DV RUSSELL, LAWRENCE 4200 SANCTUARY WAY BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PACI, JOHN 4225 SANCTUARY WAY BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HANSON, MICHAEL 4276 SANTUARY WAY BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HEYWORTH, ANTHONY 4284 SANCTUARY WAY BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRECH, ANDREW 4363 SANTUARY WAY BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *[Signature]* **Thomas** Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR