

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N92000000840**

1. Corporation Name  
**The Sanctuary at River Bridge Homeowners' Association, Inc.**

Principal Place of Business: **100 River Bridge Blvd. West Palm Beach, FL 33413**  
Mailing Address: **100 River Bridge Blvd. West Palm Beach, FL 33413**

3. Date Incorporated or Qualified: **12/17/92**  
3a. Date of Last Report: **6/13/95**

2. Principal Place of Business (21-24) and Mailing Address (2a-24) fields with sub-fields for Suite, City & State, Zip, and Country.

4. FEI Number: **65-0451660**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**Olitzky, Earl K.  
Neighborhood Management Services  
c/o 100 River Bridge Blvd.  
West Palm Beach, FL 33413**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

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: *Earl K. Olitzky* (7/23/95) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chosnek, Ivan	12 NAME	
STREET ADDRESS	3300 PGA Blvd., Ste. 900	13 STREET ADDRESS	
CITY-ST-ZIP	Palm Beach Gardens, FL 33410	14 CITY-ST-ZIP	
TITLE	VP/D <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ruth Domb	22 NAME	
STREET ADDRESS	3300 PGA Blvd., Ste. 900	23 STREET ADDRESS	
CITY-ST-ZIP	Palm Beach Gardens, FL 33410	24 CITY-ST-ZIP	
TITLE	S/D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeannie White	32 NAME	
STREET ADDRESS	3300 PGA Blvd., Ste. 900	33 STREET ADDRESS	
CITY-ST-ZIP	Palm Beach Gardens, FL 33410	34 CITY-ST-ZIP	
TITLE	T/D <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lois Taylor	42 NAME	
STREET ADDRESS	3300 PGA Blvd., Ste. 900	43 STREET ADDRESS	
CITY-ST-ZIP	Palm Beach Gardens, FL 33410	44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Ivan Chosnek* (7/11/95) DATE (407) 969-2600 DAYTIME PHONE #

CR2E037 (12/95)