FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N92000000840 (0) DOCUMENT # 1. Corporation Name

THE SANCTUARY AT RIVER BRIDGE HOMEOWNERS' ASSOCI ATION, INC.

Principal Place of Business	Mailing Address
100 RIVER BRIDGE BLVD	100 RIVER BRIDGE BLVD
WEST PALM BEACH FL 33143	WEST PALM BEACH FL 33413-2029

FILED Apr 07 1997 8:00am Secretary of State



			100 RIVER BRIDGE BLVD WEST PALM BEACH FL 33413-2029						
						3. Date Incorporated or Qualified 12/17/1992	3a. Date of Last 07/29/1	Report 996	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For	
21 26					· · · · · · · · · · · · · · · · · · ·	65-0451660		ot Applicable	
22 27		27			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State City & State 23 28						6. Election Campaign Financing Trust Fund Contribution		May Be I to Fees	
Zip	Country	Zip Cou				8. This corporation has liability for intangible tax under s. 199.032,			
24		25 29 30			Florida Statutes Yes No 10. Name and Address of New Registered Agent				
	9. Name and Address of Curren	it uadistalan wasiir		81 Name					
OLITZIVV	EADI V			OT INATIO					
OLITZKY, EARL K 100 RIVER BRIDGE BLVD				Ш	82 Street Address (P.O. Box Number is Not Acceptable)				
WESTP	ALM BEACH FL 33143			83					
				84	City			Code	
11. Pursuant t	o the provisions of Sections 617.050	l2 and 617.1508, Florida Statu of Florida, Such change was	ites, the a	above ad by	named co	orporation submits this statement for the pration's board of directors. I hereby accep	urpose of changing of the appointment a	its registered is registered	
agent. I ar	n familiar with, and accept the oblig	ations of, Section 617.0503, F	lorida Sta	itutes	,		• •		
SIGNATURE _	Stonature, typed or printed name of registered age	100	** D			suired when reinstating)	DATE		
12.	Signature, typed or printed name of registered age OFFICERS AN		13.		A signature rec	ADDITIONS/CHANGES TO OFFIC		DRS IN 12	
TITLE	PD	DELETE	1.1 T		1		Change		
NAME	CHOSNEK, IVAN			IAME					
STREET ADDRESS	ACCO DOL DIAM OFF COO			TREET /	ADDRESS]	
CITY-ST-ZIP	DALM DEADLE OADDENO EL COMO			CITY-ST	-ZIP				
TITLE	VPD	☐ DELETE	2.1 7	ITLE			Change	Addition	
NAME	DOMB, RUTH			AME				1	
STREET ADDRESS	3300 PGA BLVD., STE. 900 23			STREET A	ADDRESS				
CITY-ST-ZIP	PALM BEACH GARDENS FL		2.44	CITY-S	T-ZIP				
TITLE	SD	☐ DELETE	3.1 T	ITLE			☐ Change	Addition	
NAME				MAME					
STREET ADDRESS				STREET	ADDRESS				
CITY-ST-ZIP				CITY-S	T-ZIP		T later	1.4497	
TITLE				FITLE			L Change	Addition	
NAME				NAME					
STREET ADDRESS	DALLA DELOUI CARDENIO EL COLLO				ADDRESS				
CHY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			CITY-ST	- ZIP	······································	Change	Addition	
TITLE	I							- Noning)	
NAME .				NAME	ABDDECC				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE				CHTY-SI TITLE	-217		Change	Addition	
NAME	· · ·			NAME			Build	***************************************	
SIREET ADDRESS					ADDRESS				
CITY-ST-ZIP				CITY-SI	- 1				
01/1-31-21/			0.4 (0111-01	- F.//				

14. I do 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 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: