NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # N9200000840

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

Principal Place of Business

Mailing Address

100 RIVER BRIDGE BLVD WEST PALM BEACH FL 33143 100 RIVER BRIDGE BLVD WEST PALM BEACH FL 33143

## **FILED** Mar 01, 1999 8:00 am § Secretary of State

03-01-1999 90042 022 \*\*\*\*61.25



											•	
2. Principal P	Place of Business	2a.	2a. Mailing Address					<ol> <li>Date Incorporated or Qualifed 12/17/1992</li> </ol>				
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					4. FEI Number		L	Арр	lied For
22		27					Ì	<b>65-04516</b> 60		•	Not	Applicable
City & Sta	te		City & State					5. Certifcate of Status Desired			<b>75</b> Ac	dditional quired
Zip	Country		Žip	Countr	у			6. Election Campaign Financing		\$5	.00	Mav Be
24 25 29 30								Trust Fund Contribution Added to Fees				
	9. Name and Address of Curre							10. Name and Address of New I	Registered A	gent		
			<u> </u>	8	ī	Name						
OLITARY	CADI V			8:	+	Charat 6	A elelena a	(D.O. Day Number is Blot Accept	able)			<del></del>
OLITZKY, EARL K						Street A	Address	(P.O. Box Number is Not Accept	able)			
100 RIVER BRIDGE BLVD												<del></del>
WEST PA	LM BEACH FL 33143			8:					•			
				84	4	City			FL	85	Zip.C	ode ,
office or	to the provisions of Sections 617.05 registered agent, or both, in the Statem familiar with, and accept the oblig	e of Florida jations of, t	a. Such change was autr Section 617.0503, Florid	a Statute	yu S.	ne corpo	orauon s	s board of directors. I hereby acce	у ше арроп	tment	as reg	istered
	Signature, typed or printed name of registered ag	jent and title if	applicable. (NOTE: Re		ent	signature re	equired wh	nen reinstating)	DATE AND	O DIDE	CTO	20 IN 12
12.	OFFICERS A	ND DIREC		13.				ADDITIONS/CHANGES TO OF	FICERS AN			
TITLE	PD			1.1 TITLE		ľ		es. mes Marshal		∑ Cha	inge	Addition Addition
NAME	CHOSNEK, IVAN			1.2 NAME				nes marshai 5 Private Place		•		
STREET ADDRESS	3300 PGA BLVD., STE. 900			1.3 STRE	ET A	ADDRESS		Palm Beach, FL		· .	•	٠.
CITY-ST-ZIP	PALM BEACH GARDENS FL 3	3410		1.4 CTY-	ŞT-	-ZIP	14.	Faim Beach, FB		· · · · ·		
TITLE	VPD		□X DELETE	2.1 TITLE			VΡ.	_		X Cha	ange	Addition Addition
NAME	DOMB, RUTH			2.2 NAME	Ξ	Ì		nn Sneep			,	
STREET ADDRESS	3300 PGA BLVD., STE. 900			2.3 STRE	ET /	ADDRESS		O_Private Place		_		
CITY-ST-ZIP	PALM BEACH GARDENS FL 3	3410		2, 4 CITY	-ST	-ZIP	W.	Palm Beach, FL	33413	<u> </u>		
TITLE	SD		X DELETE	3.1 TITLE	-		D			🔀 Cha	ange	☐ Addition
NAME	WHITE, JEANNIE			3.2 NAME	:			. Pollock	,	*. · .	Σ.	4.12
STREET ADDRESS				3.3 STRE	ET A	ADDRESS	136	6 Private Pl.	22415	,		
CITY-ST-ZIP	PALM BEACH GARDENS FL 3	3410		3.4. CITY-	ST	-ZIP	w.	Palm Beach, FL	3341.	·	•	<u> </u>
TITLE	TD		X DELETE	4.1 TTLE			D		. — — —	X Cha	ange	Addition
NAME	TAYLOR, LOIS			4, 2 NAM	Ε		Ge	rald Zimmerman				
STREET ADDRESS	3300 PGA BLVD., STE. 900			4.3 STRE	ΕT	ADDRESS	133	2 Private Pl.				
CITY-ST-ZIP	PALM BEACH GARDENS FL 3	3410		4.4 CITY-	ST-	-ŽIP	W.	Palm Beach, FL	3341	3		
TITLE	Train de loit or albeito l'E		☐ DELETE	5.1 TITLE						Cha	ange	Addition
NAME				5.2 NAME		Ì	ĺ	,		•		
STREET ADDRESS				5.3 STRE	ET/	ADDRESS	1			,	*	
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NAME	1			6.2 NAME						•	-	
1				63 STRE	FT 4	ADDRESS		•				
STREET ADORESS	64			_ 0.0 O.114L	,		ı					

14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP