

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90041 027 \*\*\*\*61.25

**722495**



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N92000000840**

1. Entity Name  
**THE SANCTUARY AT RIVER BRIDGE HOMEOWNERS' ASSOCI**

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

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
**65-0451660**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CUSTOM PROPERTY MANAGEMENT, INC**  
**OLITZKY, CARLEK**  
**100 RIVER BRIDGE BLVD**  
**WEST PALM BEACH FL 33143**

7. Name and Address of New Registered Agent  
 Name: **CUSTOM PROPERTY MANAGEMENT, INC**  
 Street Address (P.O. Box Number is Not Acceptable):  
**2328 So. CONGRESS AVE, SUITE 2A**  
 City: **WEST PALM BEACH** FL Zip Code: **33406**

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.  
 SIGNATURE: *Denice George* v.p. (**DENICE GEORGE**) For Custom Prop Mgmt. 4/12/00  
Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW: FEE IS \$61.25**      9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**      **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MARSHAL, JAMES</b>	
STREET ADDRESS	<b>156 PRIVATE PLACE</b>	
CITY-ST-ZIP	<b>WPB FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>SNEEP, JOHN</b>	
STREET ADDRESS	<b>120 PRIVATE PLACE</b>	
CITY-ST-ZIP	<b>WPB FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>POLLOCK, DR</b>	
STREET ADDRESS	<b>136 PRIVATE PLACE</b>	
CITY-ST-ZIP	<b>WPB FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ZIMMERMAN, GERALD</b>	
STREET ADDRESS	<b>132 PRIVATE PL</b>	
CITY-ST-ZIP	<b>WPB FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>CARDLE SHAPIRO</b>	
STREET ADDRESS	<b>108 PRIVATE PLACE</b>	
CITY-ST-ZIP	<b>WPB FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

12. 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 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 my address, with all other like empowered.

SIGNATURE: *James V. Marshall* **JAMES V. MARSHALL** **REQUIRED**      4/21/00      (561) 433-3500  
Signature and typed or printed name of signing officer or director      Date      Date and Phone #

CR2E037 (9/99)