

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

04-06-2001 90010 050 ****61.25

DOCUMENT # N92000000840

1. Entity Name

THE SANCTUARY AT RIVER BRIDGE HOMEOWNERS' ASSOCI

Principal Place of Business

Mailing Address

100 RIVER BRIDGE BLVD
 WEST PALM BEACH FL 33143

100 RIVER BRIDGE BLVD
 WEST PALM BEACH FL 33143

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0451660

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CUSTOM PROPERTY MANAGEMENT, INC.~~
~~2000 S CONGRESS AVE~~
~~STE 21~~
~~WEST PALM BEACH FL 33406~~

Name: Associated Property Management
 Street Address (P.O. Box Number is Not Acceptable): 400 S. Dixie Hwy #10
 City: Lake Worth FL Zip Code: 33460

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

[Handwritten Signature]

3/15/2001

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	<u>DIRECTOR/VICE PRES</u> <input type="checkbox"/> Delete
NAME	<u>MARSHAL, JAMES</u>
STREET ADDRESS	<u>158 PRIVATE PLACE</u>
CITY-ST-ZIP	<u>WPB FL</u>
TITLE	<u>V.P. TREASURER/DIRECTOR</u> <input type="checkbox"/> Delete
NAME	<u>SNEEP, JOHN</u>
STREET ADDRESS	<u>120 PRIVATE PLACE</u>
CITY-ST-ZIP	<u>WPB FL</u>
TITLE	<u>SD DIRECTOR</u> <input type="checkbox"/> Delete
NAME	<u>POLLOCK, DR</u>
STREET ADDRESS	<u>136 PRIVATE PLACE</u>
CITY-ST-ZIP	<u>WPB FL</u>
TITLE	<u>SECRETARY/DIRECTOR</u> <input type="checkbox"/> Delete
NAME	<u>ZIMMERMAN, GERALD</u>
STREET ADDRESS	<u>132 PRIVATE PL</u>
CITY-ST-ZIP	<u>WPB FL</u>
TITLE	<u>SECRETARY/DIRECTOR</u> <input type="checkbox"/> Delete
NAME	<u>SHAPIRO, CAROLE</u>
STREET ADDRESS	<u>108 PRIVATE PL</u>
CITY-ST-ZIP	<u>WPB</u>
TITLE	<u>DIRECTOR</u> <input type="checkbox"/> Delete
NAME	<u>DELAGUERRA, LAMIRO</u>
STREET ADDRESS	<u>104 PRIVATE PL</u>
CITY-ST-ZIP	<u>WPB</u>

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	

CR2ED37 (10/00)

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 an address, with all other, like empowered.

SIGNATURE:

[Handwritten Signature]

4/2/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #