

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 09, 2000 8:00 am**  
**Secretary of State**

02-09-2000 90285 001 \*\*\*\*30.62

**DOCUMENT # N97000005921**  
 1. Entity Name  
**THE SANCTUARY PROPERTY OWNERS' ASSOCIATION OF ST**

Principal Place of Business      Mailing Address  
~~1980 US HWY 1 S, STE 199~~      2752 WEST HANNON HILL DRIVE  
~~ST AUGUSTINE FL 32086~~      TALLAHASSEE FL 32308-8917

2. Principal Place of Business      3. Mailing Address  
**2752 W. Hannon Hill Drive**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
**Tallahassee, FL**  
 Zip      Country      Zip      Country  
**32308**      ~~10000~~ **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number      Applied For  
**59-3502480**      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  
**LESTER, JOHN A**  
**2752 WEST HANNON HILL DRIVE**  
**TALLAHASSEE FL 32308**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD LESTER, JOHN A 1980 US HWY 1 S, STE 199 ST AUGUSTINE FL 32086</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD CIRINO, MICHAEL A 13712 SHIPWATCH DR JACKSONVILLE FL 32225</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD ALVAREZ, COY A RT 3, BOX 182 EAST PALATKA FL 32131</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: John A. Lester      **John A. Lester Feb. 7 '00**      850-894-2116  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)