

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003344

1. Entity Name

THE SANCTUARY AT OCEAN REEF CONDOMINIUM ASSOCIAT

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90189 001 ****61.25

Principal Place of Business

Mailing Address

8925 SW 148TH ST
STE 218
MIAMI FL 33176

100 ANCHOR DR
STE 476
KEY LARGO FL 33037-5277

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

65-0857358

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

SKRLD, INC.
201 ALHAMBRA CIRCLE
STE 1102
CORAL GABLES FL 33134

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

Signature, typed or printed name of registered agent and title if 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME LEWIS, THOMAS E
STREET ADDRESS 8925 SW 148TH ST #218
CITY-ST-ZIP MIAMI FL 33176

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME KLISIEWECZ, FRANCES
STREET ADDRESS 8925 SW 148TH ST., STE 218
CITY-ST-ZIP MIAMI FL 33176

☒ Delete

TITLE D
NAME Gaskill, Judy
STREET ADDRESS 8925 SW 148th St., Ste 218
CITY-ST-ZIP Miami, FL 33176 ☐ Change ☐ Addition

TITLE D
NAME BARNES, JOEL
STREET ADDRESS 8925 SW 148 ST STE 218
CITY-ST-ZIP MIAMI FL 33176

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ 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 supplement to 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:

SIGNATURE REQUIRED

4-27-00

305-969-1444

Date

Daytime Phone #

CR2E037 (9/99)