## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with

SIGNATURE:

SIGNATUI

## Jul 18, 2001 8:00 am **DOCUMENT # 734079 Secretary of State** 1. Entity Name 07-18-2001 90008 027 \*\*\*\*61.25 THE SANCTUARY HOMEOWNER'S ASSOCIATION, INC. Principal Place of Business Mailing Address 4500 N. FEDERAL HIGHWAY 4500 N. FEDERAL HIGHWAY **P1000014 BOCA RATON FL 33431 BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1935468 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Horams Kober Street Address (P.O. Box Number is Not Acceptable) FRAIBERG, ROBERT 4500 N. FEDERAL HIGHWAY **BOCA RATON FL 33431** 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. 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State After September 12, 2001, min. will be \$236.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Delete TITLE TITLE Addition FRAIBERG, ROBERT NAME NAME Robert Abrams STREET ADDRESS **824 PELICAN POINT COVE** STREET ADDRESS 47 SAnctured Drive Soca RATON, FE 33431 CiTY-ST-ZIP **BOCA RATON FL 33431** CITY-ST-7IP TITLE Nelete ☐ Addition TITLE Channe Herhert Shapiro 4001 Ibis Poin+Circle ZIMMERMAN, OSCAR NAME NAME: STREET ADDRESS 4401 SANCTUARY LANE STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33431** CITY-ST-ZIP BOCA RATION FL 93431 STP Delete **E**hange TITLE ☐ Addition WILSON, MARLYN NAME NAME Gene + circle STREET ADDRESS 4400 SANCTUARY LANE STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33431** CITY-ST-ZIP BOCA RATON, FL 3343, STD Delete S+D Change ☐ Addition TITLE TITLE HULL, STEPHEN L Ohris Kane NAME NAME 5014 SANCTUAR STREET ADDRESS 707 ORIOLE CIRCLE STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33431** CITY-ST-ZIP TITLE □ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this findicated on this report or supplemental report is true of the corporation or the receiver or trustee empowers. es not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information by ate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director adult this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

**FILED**