

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 16, 2004 8:00 am**  
**Secretary of State**

08-16-2004 90017 012 \*\*\*\*61.25

**DOCUMENT # N31959**

1. Entity Name

**SANCTUARY II AT LONGBOAT KEY CLUB CONDOMINIUM  
ASSOCIATION, INC.**



P

Sanctuary Community Association  
537 Sanctuary Drive  
Longboat Key, FL 34228-3823

Sanctuary Community Association  
537 Sanctuary Drive  
Longboat Key, FL 34228-3823

**54068339**



MOORE

CR2E037 (4/04)

2. Principal Place of Business

**SANCTUARY CONDOMINIUM**

Suite, Apt. #, etc.  
**537 SANCTUARY DRIVE**

City & State  
**LONGBOAT KEY FL**

Zip  
**34228**

Country  
**USA**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**65-0155875**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~CONDOMINIUM MANAGEMENT INC.~~  
~~1801 GLENGARY ST~~  
~~SARASOTA FL 34231-3603~~  
~~NICK LLOYD~~

**DELETE**

7. Name and Address of New Registered Agent

Name **SANCTUARY CONDOMINIUM ASSOC.**

Street Address (P.O. Box Number is Not Acceptable)

**537 SANCTUARY DRIVE**

City **LONGBOAT KEY**

FL

Zip Code  
**34228**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Nick Lloyd Sanctuary General Manager*

**08-06-04**

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**  
**Due By September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VD** ☐ Delete  
NAME **SIEGEL, HOWARD M**  
STREET ADDRESS **565 SANCTUARY DR, A-302**  
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE **AS** ☒ Delete  
NAME **CLARK, P. RICHARD**  
STREET ADDRESS **1801 GLENGARY ST.**  
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **SD** ☐ Delete  
NAME **ROBERT E SESSIONS**  
STREET ADDRESS **565 SANCTUARY DR #A-503**  
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE **TD** ☐ Delete  
NAME **WYNNE, MERRILL D.**  
STREET ADDRESS **565 SANCTUARY DR #A-501**  
CITY-ST-ZIP **LONGBOAT, KEY FL 34228**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☒ Addition  
NAME **PRESIDENT**  
NAME **MIKE SERLING**  
STREET ADDRESS **565 SANCTUARY DR. B-606**  
CITY-ST-ZIP **LONGBOAT KEY, FL 34228**

TITLE ☐ Change ☐ Addition  
NAME **Client**  
STREET ADDRESS **SNZ**  
CITY-ST-ZIP **7500**

TITLE ☐ Change ☐ Addition  
NAME **Account #**  
STREET ADDRESS **\$61.25**  
CITY-ST-ZIP **Amount**

TITLE ☐ Change ☒ Addition  
NAME **Verified By**  
STREET ADDRESS **Nick Lloyd 08-02-04**  
CITY-ST-ZIP **Approved By**

TITLE ☐ Change ☐ Addition  
NAME **DIRECTOR**  
STREET ADDRESS **ROBERT FRAZIER**  
CITY-ST-ZIP **565 SANCTUARY DR. A603**  
**LONGBOAT KEY, FL 34228**

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:

*Myron M. Serling*

Date

**8/6/04 941-383-6021**

Daytime Phone #