

Division of Corporations

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**N97000005921**

Florida Department of State  
Division of Corporations  
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TALLAHASSEE, FLORIDA

**REGISTERED AGENT CHANGE**

**THE SANCTUARY PROPERTY OWNERS' ASSOCIATION OF ST. AU**

Certificate of Status	1
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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
CORPORATIONS**

*Pursuant to the provisions of Sections 607.0502, 617.0502 or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: The Sanctuary Property Owners' Association of St. Augustine, Inc.
2. The principal office address: 2232 Whippoorwill Drive, St. Augustine, Florida 32084
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: October 20, 1997 Document number: N97000005921
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
 

John A. Lester  
2752 West Hannon Hill Drive  
Tallahassee, Florida 32308
6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):
 

Stephen A. Faustini  
780 North Ponce de Leon Boulevard  
St. Augustine, Florida 32084

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Linda LaLonde  
(Signature of an officer or director)

Linda LaLonde, Secretary/Treasurer  
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Or, if this documents is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

[Signature]  
(Signature of Registered Agent)

February 2, 2005

(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

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MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FLORIDA 32314