


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90241 035 ****61.25

DOCUMENT # N50937					
1. Entity Name SANCTUARY GOLF VILLAGES I CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O ISLAND REALTY & MANAGEMENT P.O. BOX 100 SANIBEL, FL 33957 US			Mailing Address C/O ISLAND REALTY & MANAGEMENT P.O. BOX 100 SANIBEL, FL 33957 US		
2. Principal Place of Business <i>do Island Management Group</i>		3. Mailing Address <i>do Island Management Group</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0397829	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PAPPAS, CAROL ISLAND REALTY & MGMT. 703 TARPON BAY RD., PO BOX 100 SANIBEL, FL 33957			7. Name and Address of New Registered Agent Name <i>Steven J. Mackesy</i> Street Address (P.O. Box Number is Not Acceptable) <i>do Island Management Group</i> <i>PO Box 100- 711 Tarpon Bay Road</i> City <i>Sanibel</i> FL Zip Code <i>33957</i>		
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 <i>[Signature]</i> <i>Steven Mackesy</i> <i>4-11-05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGEFELD, DONALD		NAME		
STREET ADDRESS	2661 WULFERT RD 4		STREET ADDRESS		
CITY-ST-ZIP	SANIBEL, FL 33957		CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STRONG, FRANK		NAME	<i>Edgar Lear</i>	
STREET ADDRESS	2675 WULFERT RD 6		STREET ADDRESS	<i>2619 Wulfert Road #1</i>	
CITY-ST-ZIP	SANIBEL, FL 33957		CITY-ST-ZIP	<i>Sanibel FL 33957</i>	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARGUESO, PETER		NAME		
STREET ADDRESS	2661 WULFERT ROAD #6		STREET ADDRESS		
CITY-ST-ZIP	SANIBEL, FL 33957		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYER, HOWARD		NAME		
STREET ADDRESS	2605 WULFERT RD 1		STREET ADDRESS		
CITY-ST-ZIP	SANIBEL, FL 33957		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DYKE, DAVID		NAME		
STREET ADDRESS	2619 WULFERT RD 3		STREET ADDRESS		
CITY-ST-ZIP	SANIBEL, FL 33957		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<i>Richard Kruse</i>	
STREET ADDRESS			STREET ADDRESS	<i>2675 Wulfert Rd #5</i>	
CITY-ST-ZIP			CITY-ST-ZIP	<i>Sanibel FL 33957</i>	
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-3-05 <i>239-4726578</i> <small>Date Daytime Phone #</small>		