

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000005921

**FILED**  
**Jan 30, 2010**  
**Secretary of State**

**Entity Name:** THE SANCTUARY PROPERTY OWNERS' ASSOCIATION OF ST. AUGUSTINE, INC.

**Current Principal Place of Business:**

2905 GRAY JAY DRIVE  
SAINT AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 860325  
SAINT AUGUSTINE, FL 320860325

**New Mailing Address:**

**FEI Number:** 59-3502480

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FAUSTINI, STEPHEN A  
780 N. PONCE DE LEON BLVD.  
ST. AUGUSTINE, FL 32084 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CLARK, SHEILA  
Address: 2132 WOOD STORK AVE  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: VD  
Name: LANG, MICHAEL  
Address: 2933 GRAY JAY DRIVE  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: SD  
Name: GUARD, VERBA M  
Address: 2769 SCREECH OWL DRIVE N  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: TD  
Name: WRY, WILLIAM E  
Address: 2905 GRAY JAY DRIVE  
City-St-Zip: SAINT AUGUSTINE, FL 32084

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM E. WRY

TD

01/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date