

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005921

FILED
Mar 29, 2023
Secretary of State
1126390784CC

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

Current Principal Place of Business:

112 N PONCE DE LEON BLVD.
UNIT C
ST AUGUSTINE, FL 32084

Current Mailing Address:

P.O. BOX 1389
SAINT AUGUSTINE, FL 32085 US

FEI Number: 59-3502480

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RAULERSON, JANEEN
112 N PONCE DE LEON BLVD.
UNIT C
ST. AUGUSTINE, FL 32084 US

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: JANEEN RAULERSON

03/29/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name GALLIA, JOHN PRESIDENT
Address P.O. BOX 1389
City-State-Zip: SAINT AUGUSTINE FL 32085

Title VP
Name SHILLITO, PAUL VP
Address P.O. BOX 1389
City-State-Zip: SAINT AUGUSTINE FL 32085

Title SECRETARY
Name SHUBERT, ANN M SECRETARY
Address P.O. BOX 1389
City-State-Zip: SAINT AUGUSTINE FL 32085

Title DIRECTOR
Name LOOS, LEILANI
Address P.O. BOX 1389
City-State-Zip: SAINT AUGUSTINE FL 32085

Title DIRECTOR
Name WADE, DAVID
Address P.O. BOX 1389
City-State-Zip: SAINT AUGUSTINE FL 32085

Title TREASURER
Name COSTELLO, THERESA
Address P.O. BOX 1389
City-State-Zip: SAINT AUGUSTINE FL 32085

Title DIRECTOR
Name COSTELLO, PEGGY
Address P.O. BOX 1389
City-State-Zip: SAINT AUGUSTINE FL 32085

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: JOHN GALLIA

PRESIDENT

03/29/2023

Electronic Signature of Signing Officer/Director Detail

Date