

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005921

Entity Name: THE SANCTUARY PROPERTY OWNERS' ASSOCIATION OF ST. AUGUSTINE, INC.**FILED**
Feb 13, 2016
Secretary of State
CC1127060790**Current Principal Place of Business:**2905 GRAY JAY DRIVE
SAINT AUGUSTINE, FL 32084**Current Mailing Address:**PO BOX 860325
SAINT AUGUSTINE, FL 32086-0325**FEI Number: 59-3502480****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**FAUSTINI, STEPHEN A
780 N. PONCE DE LEON BLVD.
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	TURBET, BRIAN
Address	2257 CACTUS WREN COURT
City-State-Zip:	SAINT AUGUSTINE FL 32084

Title	VD
Name	NIELSEN, JOHN
Address	2904 GRAY JAY DRIVE
City-State-Zip:	SAINT AUGUSTINE FL 32084

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

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

Title	MD
Name	LOOS, LEILANI
Address	2257 WHIPPOORWILL DRIVE
City-State-Zip:	SAINT AUGUSTINE FL 32084

Title	MD
Name	FLISTER, LINDA
Address	2400 GRAY HERON STREET
City-State-Zip:	ST. 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 WRY**TREASURER****02/13/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date