

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005921

**FILED
Mar 01, 2014
Secretary of State
CC6661894010**

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

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 MARSHALL, WALTER
Address 2509 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 CURRIE, THOMAS
Address 2240 WHIPPOORWILL DRIVE
City-State-Zip: SAINT AUGUSTINE FL 32084

Title MD
Name DE LUX, TOM
Address 2741 SCREECH OWL AVENUE NORTH
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

03/01/2014

Electronic Signature of Signing Officer/Director Detail

Date