

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005921

Entity Name: THE SANCTUARY PROPERTY OWNERS' ASSOCIATION OF ST. AUGUSTINE, INC.**FILED**
Jan 26, 2020
Secretary of State
0399140037CC**Current Principal Place of Business:**2752 NORTH SCREECH OWL AVENUE
SAINT AUGUSTINE, FL 32084**Current Mailing Address:**PO BOX 860325
SAINT AUGUSTINE, FL 32086-0325**FEI Number: 59-3502480****Certificate of Status Desired: Yes****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	2516 CACTUS WREN COURT
City-State-Zip:	SAINT AUGUSTINE FL 32084

Title	VD
Name	WRY, WILLIAM
Address	PO BOX 860325
City-State-Zip:	SAINT AUGUSTINE FL 32086-0325

Title	SD
Name	TURBET, SHEILA A
Address	22516 CACTUS WREN COURT
City-State-Zip:	SAINT AUGUSTINE FL 32084

Title	TD
Name	DODD, JAMES
Address	P O BOX 860325
City-State-Zip:	SAINT AUGUSTINE FL 32086

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

Title	MD
Name	SHUBERT, ANN J
Address	PO BOX 860325
City-State-Zip:	SAINT AUGUSTINE FL 32086-0325

Title	MD
Name	WADE, DAVID
Address	PO BOX 860325
City-State-Zip:	SAINT AUGUSTINE FL 32086-0325

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: JAMES R DODD**TREASURER****01/26/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date