## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005921

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

AUGUSTINE, INC.

FILED Feb 05, 2017 Secretary of State CC0291770077

## **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 Title VD

Name TURBET, BRIAN Name NIELSEN, JOHN

Address 2516 CACTUS WREN COURT Address 2904 GRAY JAY DRIVE

City-State-Zip: SAINT AUGUSTINE FL 32084 City-State-Zip: SAINT AUGUSTINE FL 32084

Title SD Title TD

Name TURBET, SHEILA A Name WRY, WILLIAM E

Address 22516 CACTUS WREN COURT Address 2905 GRAY JAY DRIVE

City-State-Zip: SAINT AUGUSTINE FL 32084 City-State-Zip: SAINT AUGUSTINE FL 32084

Title MD Title MD

Name LOOS, LEILANI Name NICHOLS, DEBORAH J

Address 2257 WHIPPOORWILL DRIVE Address 2224 WHIPPOORWILL DRIVE City-State-Zip: SAINT AUGUSTINE FL 32084 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 02/05/2017