

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734079

1. Entity Name

THE SANCTUARY HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4500 N. FEDERAL HIGHWAY
BOCA RATON FL 33431

4500 N. FEDERAL HIGHWAY
BOCA RATON FL 33431-5132

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1935468

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

PRZYBYLSKI, ROBERTA
4500 N. FEDERAL HIGHWAY
BOCA RATON FL 33431

Robert Fraiberg
SAME

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	VP	☒ Delete
NAME	GOULD, ANNA	
STREET ADDRESS	5076 EGRET POINTE CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	STD	☒ Delete
NAME	ZIMMERMAN, OSCAR	
STREET ADDRESS	4401 SANCTUARY LANE	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	D	☐ Delete
NAME	WILSON, MARLYN	
STREET ADDRESS	4400 SANCTUARY LANE	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	PD	☒ Delete
NAME	PRZYBYLSKI, ROBERTA	
STREET ADDRESS	575 SANDPIPER WAY	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☐ Change ☒ Addition
NAME	Robert Fraiberg	
STREET ADDRESS	824 Pelican Point Cove	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	D	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	☐ Change ☒ Addition
NAME	Stephen L. Hull	
STREET ADDRESS	207 Oriole Circle	
CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90068 049 ****61.25



DO NOT WRITE IN THIS SPACE

President S.H.A. 1-18-2000