2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 90871 002 ****61.25

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

DO NOT WRITE IN THIS SPACE

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
ABRAMS, ROBERT 647 SANCTUARY DRIVE BOCA RATON FL 33431	Name: ANDREW GLEN Street Address (P.O. Box Number is Not Acceptable): 301 W. CAMINO GARDENS BLVD #200 City: BOCA RATON **FL** Zip Code: 33432.

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 _____ A. GLEN _____ 4/29/02
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ABRAMS, ROBERT 647 SANCTUARY DRIVE BOCA RATON FL 33431	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SHAPIRO, HERBERT 4001 IBIS POINT CIRCLE BOCA RATON FL 33431	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P,D FUENTE, DAVID 301 W. CAMINO GARDENS BLVD #200 BOCA RATON, FL 33432 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD DONNEY, GENE 620 OSPREY POINT CIRCLE BOCA RATON FL 33431	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP,D SILVERMAN, MICHAEL 301 W. CAMINO GARDENS BLVD #200 BOCA RATON, FL 33432 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD KANE, CHRIS 5014 SANCTUARY LANE BOCA RATON FL 33431	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S,T,D GOULD, LARRY 301 W. CAMINO GARDENS BLVD #200 BOCA RATON, FL, 33432. ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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 REQUIRED _____ _____ _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #