

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734079

FILED
Feb 01, 2005
Secretary of State

Entity Name: THE SANCTUARY HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

4500 N. FEDERAL HIGHWAY
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

4500 N. FEDERAL HIGHWAY
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 59-1935468

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, ELIZABETH J
4500 N FEDERAL HWY
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

AKAM SOUTH, INC
6421 CONGRESS AVE
110
BOCA RATON, FL 33487 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: ELLEN LOHR

02/01/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GOUID, ANNA
Address: 5076 EGRET POINT CIRCLE
City-St-Zip: BOCA RATON, FL 33431

Title: VP () Delete
Name: ABRAMS, ALICE
Address: 647 SANCTUARY DR.
City-St-Zip: BOCA RATON, FL 33431

Title: STD () Delete
Name: ZIMMERMAN, OSCAR
Address: 4401 SANCTUARY LANE
City-St-Zip: BOCA RATON, FL 33431

Title: D (X) Delete
Name: GOULD, LARRY
Address: 301 W CAMINO GARDENS BLVD # 200
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RAYMOND, R.A.
Address: 4500 NORTH FEDERAL HIGHWAY
City-St-Zip: BOCA RATON, FL 33431

Title: VP (X) Change () Addition
Name: SEGAL, JERRY
Address: 4500 NORTH FEDERAL HIGHWAY
City-St-Zip: BOCA RATON, FL 33431

Title: ST (X) Change () Addition
Name: ABRAMS, ROBERT
Address: 4500 NORTH FEDERAL HIGHWAY
City-St-Zip: BOCA RATON, FL 33431

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: R.A. RAYMOND

P

02/01/2005

Electronic Signature of Signing Officer or Director

Date