2007 NOT-FO[illegible]PORATION RE[illegible]NS

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2007 NOV -9 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

10102007 REIN-NP CR2E099 (1/07)

2. Principal Place of Business - No P.O. Box #	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

KATZMAN & KORR, P.A.
1501 NW 49TH STREET
SUITE 202
FORT LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

900110871879
10/17/07--01006--014 **236.25

SIGNATURE Leigh C. Katzman, Esq. 11/5/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $236.25
After January 1, 2008, Fee will be $297.50

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KOBAK, MARTIN DR. 4500 NORTH FEDERAL HIGHWAY BOCA RATON, FL 33431	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CARNRICK, KELLYE J 4500 NORTH FEDERAL HIGHWAY BOCA RATON, FL 33431 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP KOSKI, ARTHUR 4500 NORTH FEDERAL HIGHWAY BOCA RATON, FL 33431	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS SCHWARTZ, RICHARD 4500 NORTH FEDERAL HIGHWAY BOCA RATON, FL 33431 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST CARNRICK, KELLYE J 4500 NORTH FEDERAL HIGHWAY BOCA RATON, FL 33431	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AROUH, LES 4500 NORTH FEDERAL HIGHWAY BOCA RATON, FL 33431 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARTON, CHRISTINE 450 NORTH FEDERAL HIGHWAY BOCA RATON, FL 33431	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, GARY 4500 NORTH FEDERAL HIGHWAY BOCA RATON, FL 33431 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAZER, BARRY 4500 NORTH FEDREAL HIGHWAY BOCA RATON, FL 33431	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KNOWLES, ROBIN 4500 NORTH FEDERAL HIGHWAY BOCA RATON, FL 33431	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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] CHRISTINE CARTON, D 10/11/07 561-394-5457
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #