

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 07, 2008
Secretary of State

DOCUMENT# 734079

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:**KATZMAN & KORR, P.A.
1501 NW 49TH STREET
SUITE 202
FORT LAUDERDALE, FL 33309 US**Name and Address of New Registered Agent:**BACKER LAW FIRM PA
400 SOUTH DIXIE HIGHWAY
SUITE 420
FORT LAUDERDALE, FL 33432 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: KFB

05/07/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KOBAK, MARTIN DR.
Address: 4500 NORTH FEDERAL HIGHWAY
City-St-Zip: BOCA RATON, FL 33431

Title: V () Delete
Name: CARNRICK, KELLYE J
Address: 4500 NORTH FEDERAL HIGHWAY
City-St-Zip: BOCA RATON, FL 33431

Title: D () Delete
Name: AROUH, LES
Address: 4500 N. FEDERAL HIGHWAY
City-St-Zip: BOCA RATON, FL 33431

Title: D () Delete
Name: CARTON, CHRISTINE
Address: 450 NORTH FEDERAL HIGHWAY
City-St-Zip: BOCA RATON, FL 33431

Title: TS () Delete
Name: SCHWARTZ, RICHARD
Address: 4500 NORTH FEDERAL HIGHWAY
City-St-Zip: BOCA RATON, FL 33431

Title: D () Delete
Name: KOSKI, ARTHUR
Address: 4500 NORTH FEDERAL HIGHWAY
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: KFB

RA

05/07/2008

Electronic Signature of Signing Officer or Director

Date