2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008
Secretary of State

DOCUMENT# 755335

Entity Name: THE SANCTUARY AT PELICAN BAY ASSOCIATION, INC.

Current Principal Place of Business:

1044 CASTELLO DRIVE
SUITE 206
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

C/O SOUOTHWEST PROPERTY MGMT
1044 CASTELLO DR., #206
NAPLES, FL 34103

New Mailing Address:

FEI Number: 93-0828325 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOUTHWEST PROPERTY MANAGEMENT CORP.
1044 CASTELLO DR., #206
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KEANE, GENE
Address: 5960 PELICAN BAY BLVD., #213
City-St-Zip: NAPLES, FL 34108

Title: S ( ) Delete
Name: SAGE, JOHN
Address: 5970 PELICAN BAY BLVD., #533
City-St-Zip: NAPLES, FL 34108

Title: T ( ) Delete
Name: DAVIES, ROY
Address: 5954 PELICAN BAY BLVD. #233
City-St-Zip: NAPLES, FL 34108

Title: P ( ) Delete
Name: O'BRIEN, PATRICIA
Address: 5970 PELICAN BAY BLVD. #513
City-St-Zip: NAPLES, FL 34108

Title: VP ( ) Delete
Name: HAINES, GERRY
Address: 5954 PELICAN BAY BLVD #213
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: SAGE, JOHN
Address: 5970 PELICAN BAY BLVD., #533
City-St-Zip: NAPLES, FL 34108

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

Title: S (X) Change ( ) Addition
Name: ARNOLD, STEVE
Address: 5970 PELICAN BAY BLVD., #532
City-St-Zip: NAPLES, FL 34108

Title: P (X) Change ( ) Addition
Name: HAINES, GERRY
Address: 5954 PELICAN BAY BLVD #213
City-St-Zip: NAPLES, FL 34108

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: GERRY HAINES P 04/18/2008

Electronic Signature of Signing Officer or Director — Date