

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 19, 2005  
Secretary of State**

DOCUMENT# N00000001359

Entity Name: SANCTUARY IV, SUB PHASE B HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

6220 MANATEE AVENUE WEST  
103  
BRADENTON, FL 34209

**New Principal Place of Business:**

**Current Mailing Address:**

6220 MANATEE AVENUE WEST  
103  
BRADENTON, FL 34209

**New Mailing Address:**

FEI Number: 01-0627097      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

TREWORGY, EVELYN  
6220 MANATEE AVENUE WEST  
103  
BRADENTON, FL 34209 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: PTSD ( ) Delete  
Name: TREWORGY, EVELYN  
Address: 6220 MANATEE AVENUE WEST #103  
City-St-Zip: BRADENTON, FL 34209

Title: VD ( ) Delete  
Name: REED, MICHELLE  
Address: 6220 MANATEE AVENUE WEST #103  
City-St-Zip: BRADENTON, FL 34209

Title: D ( ) Delete  
Name: JAWITZ, JAWITZ  
Address: 6220 MANATEE AVENUE WEST #103  
City-St-Zip: BRADENTON, FL 34209

**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:

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: EVELYN TREWORGY

PRES

02/19/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date