

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001359

FILED
Apr 03, 2009
Secretary of State

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

Current Principal Place of Business:

11129 SANCTUARY DRIVE
BRADENTON, FL 34209

New Principal Place of Business:

3639 CORTEZ RD. W.
SUITE 109
BRADENTON, FL 34210

Current Mailing Address:

PO BOX 916
BRADENTON, FL 34206

New Mailing Address:

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

Name and Address of Current Registered Agent:

ERBE, STUART
11120 SANCTUARY DRIVE
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: PD () Delete
Name: ERBE, STUART
Address: 11120 SANCTUARY DRIVE
City-St-Zip: BRADENTON, FL 34209

Title: DS () Delete
Name: MASON, BARBARA
Address: 11124 SANCTURY DR.
City-St-Zip: BRADENTON, FL 34209

Title: DT () Delete
Name: LANSINGER, JAMES
Address: 11117 SANCTUARY DR
City-St-Zip: BRADENTON, FL 34209

Title: D () Delete
Name: FARRAR, DOUG
Address: 11116 SANCTUARY DRIVE
City-St-Zip: BRADENTON, FL 34209

Title: DVP () Delete
Name: JORY, DAVID
Address: 11206 SANCTUARY DR
City-St-Zip: BRADENTON, FL 34209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DT (X) Change () Addition
Name: MASON, BARBARA
Address: 11124 SANCTURY DR.
City-St-Zip: BRADENTON, FL 34209

Title: DS (X) Change () Addition
Name: WOLF, JAMES
Address: 11117 SANCTUARY DR
City-St-Zip: BRADENTON, FL 34209

Title: D (X) Change () Addition
Name: KING, NANCY
Address: 11129 SANCTUARY DRIVE
City-St-Zip: BRADENTON, FL 34209

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: STUART ERBE

R.A.

04/03/2009

Electronic Signature of Signing Officer or Director

_____ Date