

NO10000004828

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(Address)

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(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS  
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@ 10/9/08

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Sanctuary Community Association, Inc.   
(Name of Corporation)

**DOCUMENT NUMBER:** NO1000004828

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anne M. Smith  
(Name of Contact Person)

Pinnacle Property Management LLC  
(Firm/Company)

1511 West State Road 434 - Suite #3001  
(Address)

Winter Springs, FL 32708  
(City/State and Zip Code)

For further information concerning this matter, please call:

Anne M. Smith at ( 407 ) 977-0031  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 23, 2008

ANNE M. SMITH, LCAM  
PINNACLE PROPERTY MANAGEMENT, LLC  
1511 EAST STATE ROAD 434 - STE. #3001  
WINTER SPEINGS, FL 32708

SUBJECT: THE SANCTUARY COMMUNITY ASSOCIATION, INC.  
Ref. Number: N01000004828

We have received your document for THE SANCTUARY COMMUNITY ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 508A00051239

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TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: The Sanctuary Community Association, Inc.
2. The principal office address: 1511 East State Road 434, Suite #434, Winter Springs, FL 32708
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 7/10/01 Document number: NO1000004828
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Kevin Davis

1750 West Broadway Street

Oviedo, FL 32765

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Pinnacle Property Management LLC

511 East State Road 434, Suite #3001

(P.O. Box NOT acceptable)

Winter Springs, FL 32708

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.



(Signature of an officer or director)

Alycia L. Wood President

(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*



(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

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