

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 31, 2011
Secretary of State

DOCUMENT# N01000004828

Entity Name: THE SANCTUARY COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**1511 EAST STATE ROAD 434 - SUITE #434
WINTER SPRINGS, FL 32708 US**New Principal Place of Business:**1511 EAST STATE ROAD 434 - SUITE 3001
WINTER SPRINGS, FL 32708 US**Current Mailing Address:**1511 EAST STATE ROAD 434 - SUITE #434
WINTER SPRINGS, FL 32708 US**New Mailing Address:**1511 EAST STATE ROAD 434 - SUITE 3001
WINTER SPRINGS, FL 32708 US**FEI Number:** 59-3735159**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PINNACLE PROPERTY MANAGEMENT LLC
511 EAST STATE ROAD 434 - SUITE #3001
WINTER SPRINGS, FL 32708 US**Name and Address of New Registered Agent:**PINNACLE PROPERTY MANAGEMENT LLC
511 EAST STATE ROAD 434 - SUITE 3001
WINTER SPRINGS, FL 32708 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:

05/31/2011

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**

Title: PD
Name: HOWARD, ROBERT
Address: 1511 EAST SR 434, STE 3001
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: VPD
Name: BEER, PAM
Address: 1511 EAST SR 434, STE 3001
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: TD
Name: MAUZEY, ROGER
Address: 1511 EAST SR 434, STE 3001
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: SD
Name: WILLIAMS, VALERIE
Address: 1511 EAST SR 434, STE 3001
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D
Name: BOYKIN, LYNNE
Address: 1511 EAST SR 434, STE 3001
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D
Name: ALFONSO, SANDRA
Address: 1511 EAST SR 434, STE 3001
City-St-Zip: WINTER SPRINGS, FL 32708

I hereby 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 all other like empowered.

SIGNATURE: ANNE M. SMITH, LCAM

MGR

05/31/2011

Electronic Signature of Signing Officer or Director_____
Date