2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2010
Secretary of State

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Entity Name: THE SANCTUARY AT BLUE HERON ASSOCIATION, INC.

Current Principal Place of Business:

C/O ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD, SUITE 200
FT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

C/O ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD, SUITE 200
FT MYERS, FL 33919

New Mailing Address:

FEI Number: 68-0542350 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD
SUITE 200
FT MYERS, FL 33919 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
Name: GREENWOOD, THOMAS
Address: 8161 SANCTUARY DRIVE #1
City-St-Zip: NAPLES, FL 34104

Title: VPD
Name: MCCONWAY, BARRY
Address: 7899 SANCTUARY CIRCLE #2
City-St-Zip: NAPLES, FL 34104

Title: SD
Name: DEFURIO, KATHLEEN
Address: 7967 HAVEN DRIVE #1
City-St-Zip: NAPLES, FL 34104

Title: D
Name: RAFTIS, GEORGE
Address: 7899 SANCTUARY CIRCLE #1
City-St-Zip: NAPLES, FL 34104

Title: TD
Name: GRASER, WILLIAM
Address: 7926 HAVEN DR #02
City-St-Zip: NAPLES, FL 34104

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: WILLIAM GRASER TD 03/30/2010

Electronic Signature of Signing Officer or Director — Date