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FLORIDA DEPARTMENT OF STATE
Sandra B. Mornham
Secretary of State
DIVISION OF CORPORATIONS

NONPROFIT CORPORATION
ANNUAL REPORT
1997

DOCUMENT # N02882 (1)

1. Corporation Name
SANCTUARY PINES IN BOCA RATON CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
2200 N FEDERAL HWY SUITE 228C BOCA RATON FL 33431
PO BOX 7044 BOCA RATON FL 33431-0044

3. Date Incorporated or Qualified 05/03/1984
3a. Date of Last Report 02/02/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30
4. FEI Number 59-2390162 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
KELLEY, GLORIA J
2200 N FEDERAL HWY #228C
BOCA RATON FL 33431
10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST KNOWLES, FRANK 3939 NE 5TH AVE #F201 BOCA RATON FL 33431	1.1 TITLE	STO Rush Edward 3739 NE 5AVE A106 BOCA RATON FL 33431
NAME	KNOWLES, FRANK	1.2 NAME	Rush Edward
STREET ADDRESS	3939 NE 5TH AVE #F201	1.3 STREET ADDRESS	3739 NE 5AVE A106
CITY - ST - ZIP	BOCA RATON FL 33431	1.4 CITY - ST - ZIP	BOCA RATON FL 33431
TITLE	PD TODESCA, ANGELO 3939 NE 5TH AVENUE #C-204 BOCA RATON FL	2.1 TITLE	U.P.O
NAME	TODESCA, ANGELO	2.2 NAME	
STREET ADDRESS	3939 NE 5TH AVENUE #C-204	2.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	2.4 CITY - ST - ZIP	
TITLE	VD VILLWOCK, WILLIAM 3939 N.E. 5TH AVE BOCA RATON FL 33431	3.1 TITLE	Pres: dent PD
NAME	VILLWOCK, WILLIAM	3.2 NAME	
STREET ADDRESS	3939 N.E. 5TH AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL 33431	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Angelo Todeca 3-17-97 561-368-8775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0038547

CR2E037 (9/96)