

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

9/3/
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FILED
Sep 19, 2002 8:00 am
Secretary of State

02-11-2002 90010 030 ****61.25
09-03-2002 90169 033 ****61.25

DOCUMENT # N02882

1. Entity Name

Sanctuary Pines in Boca Raton Condominium Association, Inc

V I L L O U O

99690

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2200 N. Federal Hwy

3. Mailing Address
2200 N. Federal Hwy

Suite, Apt. #, etc.
212

Suite, Apt. #, etc.
212

City & State
Boca Raton, FL

City & State
Boca Raton, FL

4. FEI Number 59-2390162

Applied For
Not Applicable

Zip
33431

Country
Palm Beach

Zip
33431

Country
Palm Beach

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name - Bill Villwock

Street Address (P.O. Box Number is Not Acceptable)

3939 NE 5th Avenue, E102

City Boca Raton

FL

Zip Code
33431

8. 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

William M. Villwock

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME
President D
Bill Villwock
STREET ADDRESS
3939 NE 5th Avenue, E102
CITY-ST-ZIP
Boca Raton, FL 33431

TITLE NAME
Vice-President D
Angelo Todesca
STREET ADDRESS
40 Weatherbee Drive
CITY-ST-ZIP
Westwood, MA 02090

TITLE NAME
Secretary/Treasurer D
Paula A. Fontana
STREET ADDRESS
3939 NE 5th Avenue, B102
CITY-ST-ZIP
Boca Raton, FL 33431

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *William M. Villwock*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-29-02 561-347-1494
Date Daytime Phone #