


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N02882	
1. Entity Name SANCTUARY PINES IN BOCA RATON CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 2200 N FEDERAL HWY 212 BOCA RATON, FL 33431	Mailing Address 2200 N FEDERAL HWY 212 BOCA RATON, FL 33431
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01122004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2390162	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

5. Name and Address of Current Registered Agent

PLAZURE, LENNIE
 PALM BEACH PROPERTY MGT
 2200 N FEDERAL HWY #212
 BOCA RATON, FL 33431

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Lennie Plazure* **DATE** 1/13/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TODESCA, ANGELO 3939 NE 5TH AVENUE #C-204 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VILLOWICK, WILLIAM 3939 N.E. 5TH AVE BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RACIUNAS, GINA 3939 NE 5TH AVE #C-202 BOCA RATON, FL 33431
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000020130
 01/29/04-80053-005 61.25

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gina Racunas* **DATE** 1-20-04 **Daytime Phone #** 561-347-1494

Signature and typed or printed name of signing officer or director