2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02882

FILED Feb 16, 2005 Secretary of State

Entity Name: SANCTUARY PINES IN BOCA RATON CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2200 N FEDERAL HWY C/O FIRST CHOICE MANAGEMENT GROUP

212 6401 CONGRESS AVENUE STE 140 BOCA RATON, FL 33431 BOCA RATON, FL 33487

Current Mailing Address: New Mailing Address:

2200 N FEDERAL HWY C/O FIRST CHOICE MANAGEMENT GROUP

212 6401 CONGRESS AVENUE STE 140

BOCA RATON, FL 33431 BOCA RATON, FL 33487

FEI Number: 59-2390162 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PLAZURE, LENNIE
PALM BEACH PROPERTY MGT
2200 N FEDERAL HWY #212
BOCA RATON, FL 33431 US
BACKER, KEITH F
400 SOUTH DIXIE HIGHWAY
SUITE 420
BOCA RATON, FL 33432 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: KEITH F. BACKER 02/16/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD () Delete Title: () Change () Addition

 Name:
 TODESCA, ANGELO
 Name:

 Address:
 3939 NE 5TH AVENUE #C-204
 Address:

 City-St-Zip:
 BOCA RATON, FL 33431
 City-St-Zip:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 VILLOWICK, WILLIAM
 Name:
 VILLWOCK, WILLIAM

 Address:
 3939 N.E. 5TH AVE
 Address:
 3939 N.E. 5TH AVE

 City-St-Zip:
 BOCA RATON, FL 33431
 City-St-Zip:
 BOCA RATON, FL 33431

Title: VPD () Delete Title: VPD (X) Change () Addition

 Name:
 RACIUNAS, GINA
 Name:
 RACIUNAS, GINT

 Address:
 3939 NE 5TH AVE #C-202
 Address:
 3939 NE 5TH AVE #C-202

 City-St-Zip:
 BOCA RATON, FL 33431
 City-St-Zip:
 BOCA RATON, FL 33431

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: KEITH F. BACKER AGEN 02/16/2005