

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 22, 2008
Secretary of State**

DOCUMENT# N02882

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

Current Principal Place of Business:

C/O PALM BEACH PROPERTY MANAGEMENT
2200 N. FEDERAL HIGHWAY #212
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

C/O PALM BEACH PROPERTY MANAGEMENT
2200 N. FEDERAL HIGHWAY #212
BOCA RATON, FL 33431

New Mailing Address:

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

Name and Address of Current Registered Agent:

PLAZURE, LENNIE
2200 N. FEDERAL HWY.
SUITE 212
BOCA RATON, FL 33431 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: P D () Delete
Name: DAVENPORT, CHARLES
Address: 3939 NE 5TH AVENUE #D102
City-St-Zip: BOCA RATON, FL 33431

Title: STD () Delete
Name: WHIDDEN, TODD
Address: 3939 N.E. 5TH AVE A102
City-St-Zip: BOCA RATON, FL 33431

Title: D () Delete
Name: MARTIN, EVIE
Address: 3939 N.E. 5TH AVE. C206
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CHARLES DAVENPORT

PD

04/22/2008

Electronic Signature of Signing Officer or Director

Date