2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 24, 2003 8:00 am Secretary of State

DECUMENT # NO2882 1. Entity Name SANCTUARY PINES IN BOCA RATON CONDOMINIUM ASSOCIATION, INC.							04-11-2003 9	0226 050 ***	*61.25
Principal Plac	ce of Busines	\$	Mailing Address			7			
2200 N FEDERAL HWY		2200 N FEDERAL HWY 212							
BOGA RATON FL 33431		BOGA RATON FL 3	3431	•	 		11211 (120) (112) (11 2 1) 41	1 {1 1 {1 1	
2. Principal Place of Business		3. Mailing Address					LIER OUES BURK BERK B		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			33 2000 102		ppiled For ot Applicable		
Zlp		Country	Zip	Cou د بخرال در م	ntry سمعانیار عیمان	5. Certificate of S	tatus Desired	\$8.75 Ad	
	6. Name	and Address of Current	Registered Agent	<u> </u>		7. Name and Ad	tress of New Regis	1 - 1	
					Menn	ie Plaz	vie		
VILLWOCK, BILL					Sheel Address & O. Box Number of Not Assentable) MCT.				
3939 NE 5TH AVENUE E102 BOCA RATON FL 33431					2200	1) [l Awy #	212	
					City	N. Fesera	e nout -	FL Zip Sg	ta A a
R. The above	named entit	y submits this statement for	the purpose of chang	ring its registers	or office or regis	CA PATOR	the State of Florida		
the obligat	tions of regist	ered agent.	ing purpose or onling	And so redictor		and agoni, or oom, m	pro charge of Frontage.	a freeze seement south of	a.a.a.a.a.
SIGNATURE	Signature, typed	or printed marine of registered agent a	QNAKET	(NOTE: Registered	Agent signature requi	red when reinstating)		DATE	
FILE NOW: FEE.IS \$61.25			9. Election Campaign Financing Trust Fund Contribution.						
	FILE NOW	: FEE 1\$ \$61.25				\$5.00 May Be Added to Fees		check Payable epartment of S	
10.		: FEE, IŞ \$61.25	Trust i		on. []	\$5.00 May Be Added to Fees	Florida D	epartment of S	State
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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 cath; 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

STATE AND TYPEDOR PRINTED NAME OF SIGNING OFFICER OR OFFICEOTOR

4-9-03

561-347-1494

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