


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90219 031 \*\*\*\*61.25

**DOCUMENT # N03000000454**

1. Entity Name  
**SANCTUARY AT HAWK'S CAY PROPERTY OWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**1010 KENNEDY DRIVE  
 KEY WEST, FL 33040**

Mailing Address  
**1010 KENNEDY DRIVE  
 KEY WEST, FL 33040**

94061965



2. Principal Place of Business  
**6805 OVERSEAS HWY.**

3. Mailing Address  
**P.O. Box 501267**

Suite, Apt. #, etc.

04072004 Chg-NP CR2E037 (10/03)

City & State  
**MARATHON, FL.**

City & State  
**MARATHON, FL**

Zip  
**33050**

Country

4. FEI Number  
**20 0397441**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ALLISON, JOHN R III  
 100 SE SECOND STREET #3350  
 MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**6803 OVERSEAS HIGHWAY**

City **MARATHON** **FL** Zip Code **33050**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGH, PRITAM	NAME	
STREET ADDRESS	1010 KENNEDY DRIVE	STREET ADDRESS	6805 OVERSEAS HIGHWAY
CITY-ST-ZIP	KEY WEST, FL 33040	CITY-ST-ZIP	MARATHON, FL 33050
TITLE	DVTS <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERRIN, METTE	NAME	S/T/D ROBERTS, JENNIFER
STREET ADDRESS	1010 KENNEDY DRIVE	STREET ADDRESS	6805 OVERSEAS HIGHWAY
CITY-ST-ZIP	KEY WEST, FL 33040	CITY-ST-ZIP	MARATHON, FL 33050
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLISON, JOHN R III	NAME	
STREET ADDRESS	100 SE SECOND ST. #3350	STREET ADDRESS	6805 OVERSEAS HIGHWAY
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	MARATHON FL 33050
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	HAGEL, NANCY
STREET ADDRESS		STREET ADDRESS	6805 OVERSEAS HIGHWAY
CITY-ST-ZIP		CITY-ST-ZIP	MARATHON, FL 33050
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	REYNOLDS, TYLER
STREET ADDRESS		STREET ADDRESS	6805 OVERSEAS HIGHWAY
CITY-ST-ZIP		CITY-ST-ZIP	MARATHON FL 33050
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:** Jennifer Roberts Jennifer Roberts 4-19-04 305-296-5601  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #