## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000009386

**FILED** Apr 25, 2005 Secretary of State

Entity Name: SANCTUARY LOFTS CONDOMINIUM ASSOCIATION, INC.

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

403 EAST DAVIS BLVD 511 S. WESTLAND AVE., #16

TAMPA, FL 33606 TAMPA, FL 33606

**Current Mailing Address: New Mailing Address:** 

403 EAST DAVIS BLVD 511 S. WESTLAND AVE., #16

TAMPA, FL 33606 TAMPA, FL 33606

FEI Number: 16-1698263 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

VERSAGGI, RUSSELL VERSAGGI, RUSSELL 403 EAST DAVIS BLVD 511 S. WESTLAND AVE., #16

TAMPA, FL 33606 TAMPA, FL 33606

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: RUSSELL VERSAGGI 04/25/2005

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition VERSAGGI, RUSSELL S VERSAGGI, RUSSELL S Name: Name: 403 E. DAVIS BLVD. Address: 511 S. WESTLAND AVE., #16 Address: City-St-Zip: TAMPA, FL 33606 US City-St-Zip: TAMPA, FL 33606 US

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

TENNISON, JOHN Name: Name: TENNISON, JOHN Address: 5102 N. CENTRAL AVE. Address: 502 E. ROSS AVE City-St-Zip: TAMPA, FL 33603 US City-St-Zip: TAMPA, FL 33603 US

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

POWELL, RICHARD POWELL, RICHARD Name: Name: 18512 LAKE KEEN DR. 511 S. WESTLAND AVE., #16 Address: Address: City-St-Zip: LUTZ, FL 33549 US City-St-Zip: TAMPA, FL 33606 US

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: RUSSELL VERSAGGI PD 04/25/2005