

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90031 040 ****61.25

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1. Entity Name
**THE SANCTUARY AT IMPERIAL RIVER CONDOMINIUM
ASSOCIATION, INC.**



40010585



01102008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4504049

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ADAMS, JOSEPH E ESQ
BECKER & POLIAKOFF, P.A.
14241 METROPOLIS AVENUE, SUITE 100
FORT MYERS, FL 33912**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
DIMATIO, STEVE
8675 RIVER HOMES LANE
BONITA SPRINGS, FL 34135**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
HOLMAN, RONALD D II
1776 CHARTLEY ROAD
GATES MILLS, OH 44040**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
AMBROSE, DAVID
940 COLONIAL COURT
LAKE ZURICH, IL 60047**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
NELSON, DON
8617 RIVER HOMES LANE #103
BONITA SPRINGS, FL 34135**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
CURCIO, EILEEN
8735 RIVER HOMES LANE #105
BONITA SPRINGS, FL 34135**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #