## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000010690

FILED Apr 14, 2009 Secretary of State

Entity Name: SANCTUARY OF BRADENTON CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	MIAMI TRAIL					
SUITE 102 SARASOT	A, FL 34231					
Current Mailing Address:			New Maili	New Mailing Address:		
SUITE 102	MIAMI TRAIL A, FL 34231					
FEI Number:	20-3881786	FEI Number Applied For ( )	FEI Number Not Appl	icable ( ) Certificate of Status Desired ( )		
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:		
4370 S. TA SUITE 102	MIAMI TRAIL	MANAGEMENT US				
	named entity : of Florida.	submits this statement for the	purpose of changing i	ts registered office or registered agent, or both,		
SIGNATUF						
	Electror	ic Signature of Registered Ag	ent	Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Name: Address:	KIHNKE, MATT	O STREET SIXTH FLOOR	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Name: Address: City-St-Zip: Title: Name: Address:	KIHNKE, MATT 225 WEST OHI CHICAGO, IL 6 VPD ( ) KIHNKE, COLIN	HEW O STREET SIXTH FLOOR 00610  Delete  O STREET SIXTH FLOOR	Name: Address:	()Change ()Addition ()Change ()Addition		
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	KIHNKE, MATT 225 WEST OHI CHICAGO, IL 6 VPD ( ) KIHNKE, COLIN 225 WEST OHI CHICAGO, IL 6	HEW O STREET SIXTH FLOOR S0610  Delete  O STREET SIXTH FLOOR S0610  Delete Y WEST	Name: Address: City-St-Zip: Title: Name: Address:			
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Address: City-St-Zip:	KIHNKE, MATT 225 WEST OHI CHICAGO, IL (*) VPD (*) KIHNKE, COLIN 225 WEST OHI CHICAGO, IL (*) STD (*) WRONA, CIND 5400 26TH ST BRADENTON, I	HEW O STREET SIXTH FLOOR 60610  Delete N O STREET SIXTH FLOOR 60610 Delete Y WEST FL 34207 Delete CH EAST RD	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	( ) Change ( ) Addition  ( ) Change ( ) Addition  D (X) Change ( ) Addition  KOLL, NIKKI 225 W. OHIO ST., 6TH FLOOR		

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: BRIDGET SPENCE AS 04/14/2009