

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003183

Entity Name: SANCTUARY POND, INC.

FILED  
Jan 26, 2008  
Secretary of State

## Current Principal Place of Business:

3910 ENCHANTED OAKS LANE  
SEBRING, FL 33875 US

## New Principal Place of Business:

## Current Mailing Address:

3910 ENCHANTED OAKS LANE  
SEBRING, FL 33875 US

## New Mailing Address:

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCCOLLUM, JAMES F  
129 S COMMERCE AVENUE  
SEBRING, FL 33870 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WALZ, NORBERT  
Address: 3910 ENCHANTED OAKS LANE  
City-St-Zip: SEBRING, FL 33875 US

Title: VPD ( ) Delete  
Name: MAINS, BRUCE  
Address: 3910 ENCHANTED OAKS LANE  
City-St-Zip: SEBRING, FL 33875 US

Title: STD ( ) Delete  
Name: BIRD, JOE  
Address: 3910 ENCHANTED OAKS LANE  
City-St-Zip: SEBRING, FL 33875 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: NORBERT A WALZ

PD

01/26/2008

Electronic Signature of Signing Officer or Director

Date