2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# N18430

Entity Name: THE SANCTUARY AT KEY LARGO CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

100 SANCTUARY DR.
KEY LARGO, FL 33037

New Principal Place of Business:

Current Mailing Address:

P O BOX 2968
KEY LARGO, FL 33037

New Mailing Address:

FEI Number: 65-0086497 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROGEL, DAVID H
BECKER & POLIAKOFF P A
121 ALHAMBRA PLAZA, 10TH FLOOR
CORAL GABLES, FL 33134 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:	DP	( ) Delete
Name:	FALCON, RANDY	
Address:	409 SANCTUARY DR.	
City-St-Zip:	KEY LARGO, FL 33037	
Title:	DT	( ) Delete
Name:	MENENDEZ, RAFAEL	
Address:	206 SANCTUARY DRIVE	
City-St-Zip:	KEY LARGO, FL 33037	
Title:	DVP	( ) Delete
Name:	CHELI, HENRY A	
Address:	302 SANCTUARY DRIVE	
City-St-Zip:	KEY LARGO, FL 33037	
Title:	DS	( ) Delete
Name:	SCHIEMANN, STEVE	
Address:	7210 NW 22 STREET	
City-St-Zip:	SUNRISE, FL 33313	

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:	
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: RAFAEL MENENDEZ DT 04/28/2008

Electronic Signature of Signing Officer or Director — Date