

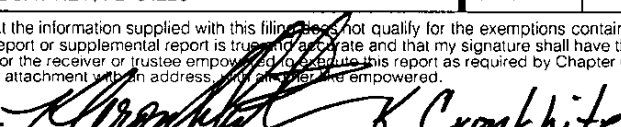


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90071 040 \*\*\*\*61.25

<b>DOCUMENT # N31957</b> 1. Entity Name <b>THE SANCTUARY AT LONGBOAT KEY CLUB COMMUNITY ASSOCIATION, INC.</b>					
Principal Place of Business <b>THE SANTUARY COMMUNITY ASSOCIATION 537 SANTUARY DR. LONGBOAT KEY, FL 34228</b>			Mailing Address <b>THE SANTUARY COMMUNITY ASSOCIATION 537 SANTUARY DR. LONGBOAT KEY, FL 34228</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<b>40074463</b>  	
City & State		City & State		4. FEI Number <b>65-0155876</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CRONKHITE, KENT 537 SANTUARY DR. LONGBOAT KEY, FL 34228</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD THOMAS, JAMES DR. 535 SANTUARY DR., APT. B-705 LONGBOAT KEY, FL 34228	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP YONOVER, GERI 565 SANTUARY DR., APT. A-301 LONGBOAT KEY, FL 34228	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOROWITZ, CAROL 545 SANTUARY DR A-203 LONGBOAT KEY, FL 34228	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. CORN, BETTY 565 SANTUARY DR APT A-202 LONGBOAT KEY, FL 34228	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHWEMM, JACK 565 SANTUARY DR APT A-401 LONGBOAT KEY, FL 34228	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHERKASKY, ALAN 585 SANTUARY DR B402 LONGBOAT KEY, FL 34228	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, JAMES DR. 535 SANTUARY DR., APT. B-705 LONGBOAT KEY, FL 34228	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOM COSTELLO 545 SANTUARY DR APT B204 LONGBOAT KEY, FL 34228	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MIKE SEERY 535 SANTUARY DR APT A601 LONGBOAT KEY, FL 34228	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARVIN SWEET 535 SANTUARY DR APT A 201 LONGBOAT KEY, FL 34228	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUDSON PEARL 585 SANTUARY DR APT B502 LONGBOAT KEY, FL 34228	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHERKASKY, ALAN 585 SANTUARY DR B402 LONGBOAT KEY, FL 34228	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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, and am duly empowered.					
<b>SIGNATURE:</b>  <b>K. Cronkhite</b> <b>4/18/08</b> <b>941 383-6021</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					