

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31957

FILED  
Apr 05, 2010  
Secretary of State

**Entity Name:** THE SANCTUARY AT LONGBOAT KEY CLUB COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

THE SANCTUARY COMMUNITY ASSOCIATION  
537 SANCTUARY DR.  
LONGBOAT KEY, FL 34228

**New Principal Place of Business:**

**Current Mailing Address:**

THE SANCTUARY COMMUNITY ASSOCIATION  
537 SANCTUARY DR.  
LONGBOAT KEY, FL 34228

**New Mailing Address:**

**FEI Number:** 65-0155876

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CONNELL, SHEILA  
537 SANCTUARY DR.  
LONGBOAT KEY, FL 34228 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: TD  
Name: KIDD, JACK  
Address: 535 SANCTUARY DRIVE UNIT # A-403  
City-St-Zip: LONGBOAT KEY, FL 34228

Title: SP  
Name: COSTELLO, THOMAS  
Address: 545 SANCTUARY DRIVE UNIT # B-204  
City-St-Zip: LONGBOAT KEY, FL 34228

Title: PD  
Name: SEERY, MIKE  
Address: 535 SANCTUARY DRIVE UNIT # A-601  
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D  
Name: SWEET, MARVIN  
Address: 535 SANCTUARY DRIVE UNIT #A- 201  
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D  
Name: DANKO, JOAN  
Address: 545 SANCTUARY DRIVE UNIT # A-303  
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D  
Name: FRANKLIN, JOHN  
Address: 565 SANCTUARY DRIVE UNIT # A-301  
City-St-Zip: LONGBOAT KEY, FL 34228

I hereby 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 all other like empowered.

SIGNATURE: SHEILA CONNELL

GM

04/05/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date