

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2008 8:00 am**  
**Secretary of State**

04-22-2008 90016 005 \*\*\*\*61.25

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<b>DOCUMENT # N31958</b> 1. Entity Name <b>SANCTUARY I AT LONGBOAT KEY CLUB CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>SANCTUARY CONDOMINIUM ASSO 537 SANCTUARY DRIVE LONGBOAT KEY, FL 34228</b>			Mailing Address <b>SANCTUARY CONDOMINIUM ASSO 537 SANCTUARY DRIVE LONGBOAT KEY, FL 34228</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0155877</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>SANCTUARY CONDOMINIUM 537 SANCTUARY DRIVE LONGBOAT KEY, FL 34228</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	
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) DATE</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>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>JUDSON, PEARL</b>	NAME	<b>D</b>		
STREET ADDRESS	<b>585 SANCTUARY DR A502</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>LONGBOAT KEY, FL 34228</b>	CITY-ST-ZIP			
TITLE	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>FRANKLIN, JOHN</b>	NAME	<b>D</b>		
STREET ADDRESS	<b>585 SANCTUARY DR SUITE B103</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>LONGBOAT KEY, FL 34228</b>	CITY-ST-ZIP			
TITLE	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>MYRHOROD, NICHOLAS</b>	NAME	<b>D</b>		
STREET ADDRESS	<b>585 SANCTUARY DR #B-101</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>LONGBOAT KEY, FL 34228</b>	CITY-ST-ZIP			
TITLE	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>ZUCKERMAN, HARROLD</b>	NAME	<b>D</b>		
STREET ADDRESS	<b>575 SANCTUARY DR UNIT #A-204</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>LONGBOAT KEY, FL 34228</b>	CITY-ST-ZIP			
TITLE	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>HECHTMAN, JORDAN</b>	NAME	<b>PD</b>		
STREET ADDRESS	<b>575 SANCTUARY DR A401</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>LONGBOAT KEY, FL 34228</b>	CITY-ST-ZIP			
TITLE	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<b>BERNARD, ROBERT</b>	NAME	<b>V.D TOM BLAKELY</b>		
STREET ADDRESS	<b>575 SANCTUARY DR SUITE A304</b>	STREET ADDRESS	<b>575 SANCTUARY DR APT A301</b>		
CITY-ST-ZIP	<b>LONGBOAT KEY, FL 34228</b>	CITY-ST-ZIP	<b>LONGBOAT KEY, FL 34228</b>		
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, without other like empowered.					
<b>SIGNATURE:</b> <b>L. Crankhite</b> <span style="float: right;"><b>4/18/08 941 383-6021</b></span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					