## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT # N31958

1. Entity Name
SANCTUARY I AT LONGBOAT KEY CLUB CONDOMINIUM



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

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

Meding Accrees SANCTUARY CONDOMINIUM ASSCO \$37 SANCTUARY DRIVE LONGBOAT KEY, FL 34228  2. Principal Place of Business - No P.O. Box #	ASSOCIATION, INC.				in the	40076440			
Suite. Apt. #, etc.   Suite. Apt. #, etc.   O4022008 Chg-NP   CR2E037 (12/06)  City & State   City & State   4. FEI Number   55-0155877   Applied For Scholls   Applied For Scho	SANCTUARY 537 SANCTU	CONDOMINIUM ASSCO IARY DRIVE	SANCTUARY CONDOMII 537 SANCTUARY DRIVI	ANCTUARY CONDOMINIUM ASSCO 37 SANCTUARY DRIVE		-		BREN GIBN GIBN GIBN BA	
City & State  Country  Country  Country  Country  S. Contribute of Status Desired  Set 75 Additional Fee Required .  SANCTUARY CONDOMINIUM S37 SANCTUARY DRIVE LONGBOAT KEY, FL 34228  City  City  FL  Zip Code  City  City  FL  Zip Code  City  City  City  FL  Zip Code  Florida Department of State  Florida Department of	2. Principal P	Place of Business - No P.O. Box #	. Mailing Address						
Zip Country Zip Country 5. Certificate of Status Desired See Required .  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name  SANCTUARY CONDOMINIUM 537 SANCTUARY DRIVE LONGBOAT KEY, FL 34228  6. 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 acct the obligations of registered agent.  FILING Fee is \$61.25  Due by May 1, 2008  9. Election Campaign Financing Trust Fund Contribution.  Trust Fund Contribution.  DATE  FILING Fee is \$61.25  Due by May 1, 2008  9. Election Campaign Financing Trust Fund Contribution.  DATE  FILING Fee is \$61.25  Due by May 1, 2008  9. Election Campaign Financing Trust Fund Contribution.  DATE  FILING Fee is \$61.25  Due by May 1, 2008  9. Election Campaign Financing Trust Fund Contribution.  DATE  FILING Fee is \$61.25  Due by May 1, 2008  9. Election Campaign Financing Trust Fund Contribution.  DATE  FILING Fee is \$61.25  Due by May 1, 2008  9. Election Campaign Financing Trust Fund Contribution.  DATE  FILING Fee is \$61.25  Due by May 1, 2008  9. Election Campaign Financing Trust Fund Contribution.  DATE  FILING Fee is \$61.25  Due by May 1, 2008  9. Election Campaign Financing Trust Fund Contribution.  DATE  FILING Fee is \$61.25  Due by May 1, 2008  9. Election Campaign Financing Trust Fund Contribution.  DATE  FILING Fee is \$61.25  Due by May 1, 2008  Make check payable to Florida Department of State  Fl	Suite, Apt. #, etc.		Suite, Apt. #, etc.			04022008 CI	ng-NP CI	R2E037 (12/06)	
Second   S	City & State		City & State				7	<del></del>	pplied For ot Applicable
SANCTUARY CONDOMINIUM 537 SANCTUARY DRIVE LONGBOAT KEY, FL 34228  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 access the obligations of registered agent.  SIGNATURE    Signature, hybed or printed name of registered agent and lister a apacitable.   RIOTE Registered Agent signature required when reinstating)   DATE	Zip	Country	Zip	Country		5 Certificate of Status Desired \$8.75 Additional			
SANCTUARY CONDOMINUM 537 SANCTUARY DRIVE LONGBOAT KEY, FL 34228  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am tamiliar with, and acceptable)  SIGNATURE    Signature   Speakers   Spea		6. Name and Address of Current F	legistered Agent			7. Name and Add	ress of New Regis	tered Agent	
8. The above named antity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accelling the obligations of registered agent.  SIGNATURE    Signature: Speed or invited name of registered agent and take if appearable. (NOTE Registered Agent signature required when reinstating)    Part	537 SANC	TUARY DRIVE							
SIGNATURE    Signature system of printed name of registered agent and tale if applicable. (NOTE Registered Agent signature required when reinstating)   St. 00 May Be   Make check payable to   Florida Department of State				'				FL   '	
Filling Fee is \$61.25 Due by May 1, 2008  10. OFFICERS AND DIRECTORS  Trust Fund Contribution.  Title NAME SIREET ADDRESS CITY-ST-ZIP LONGBOAT KEY, FL 34228  CITY-ST-ZIP LONGBOAT KEY, FL 34228  CITY-ST-ZIP LONGBOAT KEY, FL 34228  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP LONGBOAT KEY, FL 34228  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP LONGBOAT KEY, FL 34228  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CHange Addi NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CHANGE Addi NAME CITY-ST-ZIP  CITY-ST-ZIP  CHANGE Addi NAME CITY-ST-ZIP  CHANGE Addi NAME CHA	8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its	s registered office o	r register	ed agent, or both, in	the State of Florida.	. I am familiar with	, and accept
Trust Fund Contribution. Added to Fees Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE D JUDSON, PEARL SIREET ADDRESS 585 SANCTUARY DR A502 CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE	SIGNATURE .	Signature, typed or printed name of registered agent a	nd tale if applicable. (NOT	E: Registered Agent signal	ture required	when reinstating)		DATE	
TITLE NAME JUDSON, PEARL SIREET ADDRESS S85 SANCTUARY DR A502 LONGBOAT KEY, FL 34228  CITY-ST-ZIP  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  CAddi  CADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CADDRESS									
TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRES	10.	OFFICERS AND DIR	ECTORS	11.		ADDITIONS/CHANG	ES TO OFFICERS A	ND DIRECTORS IN	J 1N
TITLE NAME FRANKLIN, JOHN STREET ADDRESS CITY-ST-ZIP LONGBOAT KEY, FL 34228  TITLE MYRHOROD, NICHOLAS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME ZUCKERMAN, HARROLD  TITLE NAME Delete TITLE NAME  TITLE NAME  LONGBOAT KEY, FL 34228  TITLE NAME  TITLE NAME  ZUCKERMAN, HARROLD  TITLE NAME  Additional contents of the co	NAME STREET ADDRESS	∕O JUDSON, PEARL 585 SANCTUARY DR A502		TITLE NAME STREET ADDRESS					Addition
MAME MYRHOROD, NICHOLAS STREET ADDRESS CITY-ST-ZIP LONGBOAT KEY, FL 34228  TITLE NAME ZUCKERMAN, HARROLD  NAME NAME NAME  NAME NAME NAME NAME NA	TITLE NAME STREET ADDRESS	FRANKLIN, JOHN 585 SANCTUARY DR SUITE B10		TITLE NAME STREET ADDRESS	0			Change	Addition
NAME ZUCKERMAN, HARROLD NAME	NAME STREET ADDRESS	MYRHOROD, NICHOLAS 585 SANCTUARY DR #B-101	☐ Delete	NAME STREET ADDRESS	0			<b>Æ</b> Change	Addition
STREET ADDRESS  ST5 SANCTUARY DR UNIT #A-204  STREET ADDRESS  CITY-ST-ZIP  LONGBOAT KEY, FL 34228  CITY-ST-ZIP	NAME STREET ADDRESS	ZUCKERMAN, HARROLD 575 SANCTUARY DR UNIT #A-20		NAME STREET ADDRESS	0			☐ Change	☐ Addition
TITLE         Delete         TITLE         Delete         TITLE         Delete         TITLE         Delete         Addition           NAME         HECHTMAN, JORDAN         NAME         NAME         NAME         STREET ADDRESS         STREET ADDRESS         STREET ADDRESS         CITY-S1-ZIP         CITY-S	NAME STREET ADDRESS	HECHTMAN, JORDAN 575 SANCTUARY DR A401	☐ Delete	NAME STREET ADDRESS	P	9		Change	☐ Addition
ITILE  NAME  BERNARD, ROBERT  STREET ADDRESS  CITY-SI-ZIP  LONGBOAT KEY, FL 34228  12. I hereby certify that the information supplied with this filling 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 acceptate and that my signature shall have the same legal effect as if made under oath: that I am an officer or direct.	NAME STREET ADDRESS CITY-ST-ZIP	BERNARD, ROBERT 575 SANCTUARY DR SUITE A30 LONGBOAT KEY, FL 34228	4	NAME STREET ADDRESS CITY-ST-ZIP	701 575 LON	1 BLAKE 5 SANCTO 16BOAT H	TLY UARY DR KEY, FL ida Statules I furth	APT A 30 34228	Addition

control and trial triy signature shall have the same legal effect as if made under oath; that I am an officer or director cone this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if like empowered. of the corporation or the receiver or trustee empowers changed, or on an attachment with an address, with an address, with an address, with an address.