

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N31960**

1. Entity Name  
**SANCTUARY III AT LONGBOAT KEY CLUB  
CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**537 SANCTUARY DRIVE  
LONGBOAT KEY, FL 34228 US**

Mailing Address  
**537 SANCTUARY DRIVE  
LONGBOAT KEY, FL 34228 US**



04022008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0172104**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CRONKHITE, KYLE  
537 SANCUTARY DRIVE  
LONGBOAT KEY, FL 34228**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25.  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**000000914483  
05/08/08-80058-021 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COREN, ARTHUR 545 SANCUTARY DRIVE A-602 LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POSNICK, AS 545 SANCTUARY DR, A-802 LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VOREL, JOHN D 545 SANCTUARY DRIVE, UNIT A402 LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GEORGE, BARBER 545 SANCTUARY DRIVE UNIT #B-702 LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WADE, LARRY 545 SANCTUARY DR SUITE A 403 LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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, name or other like empowered

SIGNATURE:

*K. Cronkhite*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/18/08*  
Date

*941-383-6021*  
Daytime Phone #