

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90090 014 ****61.25

DOCUMENT # N31994

1. Entity Name

**SANCTUARY IV AT LONGBOAT KEY CLUB CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**SANCTUARY IV CONDO ASSOC INC
535 SANCTUARY DR
LONGBOAT KEY FL 34228
US**

**SANCTUARY IV CONDO ASSOC INC
537 SANCTUARY DR
LONGBOAT KEY FL 34228
US**

40000010



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LLOYD, NICK
1750 BAYWOOD WAY
SARASOTA FL 34231**

Name **KENT Cronkhite**

Street Address (P.O. Box Number is Not Acceptable)

537 SANCTUARY Drive

City **LONGBOAT KEY**

FL

Zip Code **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 accept the obligations of registered agent.

SIGNATURE

Kent Cronkhite **KENT CRONKHITE**

2/8/07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Delete
NAME **SEGALL, RICH**
STREET ADDRESS **535 SANCTUARY DR, # A-701**
CITY-STATE-ZIP **LONGBOAT FL 34228**

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **D** ☐ Delete
NAME **FARRINGTON, HUGH**
STREET ADDRESS **535 SANCTUARY DR, # C-306**
CITY-STATE-ZIP **LONGBOAT KEY FL 34228**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **TD** ☐ Delete
NAME **SEERY, MICHAEL**
STREET ADDRESS **535 SANCTUARY DR, #A-601**
CITY-STATE-ZIP **LONGBOAT KEY FL 34228**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **PD** ☒ Delete
NAME **BARKER, JOSEPH**
STREET ADDRESS **535 SANCTUARY DRIVE, #A-802**
CITY-STATE-ZIP **LONGBOAT KEY FL 34228**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **MAX ODEN**
STREET ADDRESS **535 SANCTUARY DR APT. A 203**
CITY-STATE-ZIP **LONGBOAT KEY, FL 34228**

TITLE **D** ☐ Delete
NAME **SWEET, MIRIAM**
STREET ADDRESS **535 SANCTUARY DR, #A-201**
CITY-STATE-ZIP **LONGBOAT KEY FL 34228**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, with all other like empowered.

SIGNATURE:

Kent Cronkhite

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/07

941-387-9246

Date

Daytime Phone #