FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:34

DOCUMENT # **N33163** **(9)**

1. Corporation Name
THE SANCTUARY OF JACKSONVILLE BEACH COMMUNITY AS SOCIATION, INC.

Principal Place of Business	Mailing Address
~~THE WINTERFIELD GROUP~~ ~~1916 ATLANTIC BLVD~~ ~~JACKSONVILLE FL 32207~~ ~~US~~	~~THE WINTERFIELD GROUP INC~~ ~~1916 ATLANTIC BLVD~~ ~~JACKSONVILLE FL 32207~~ US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/10/1989	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2960238	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 2980 Hartley Rd. W.	26 2980 Hartley Rd. W.
22 Suite 4	27 Suite 4
23 Jacksonville, FL	28 Jacksonville, FL
24 Zip 32257 25 Country USA	29 Zip 32257 30 Country USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE WINTERFIELD GROUP INC 1916 ATLANTIC BLVD SUITE 108 JACKSONVILLE FL 32207	81 Name: Cathryn D. Winterfield 82 Street Address (P.O. Box Number is Not Acceptable): 2980 Hartley Rd. W. 83 84 City: Jacksonville FL 85 Zip Code: 32257

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] Apr 24, 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	D President	☒ Change ☐ Addition
NAME	ROBIN, SCHERCH	12 NAME	Elaine Huyler	
STREET ADDRESS	1859 GREEN HERON CT	13 STREET ADDRESS	3597 Sanctuary Blvd.	
CITY-ST-ZIP	JACKSONVILLE BCH FL	14 CITY-ST-ZIP	Jacksonville Beach, FL 32250	
TITLE	VP	21 TITLE	D Vice President	☒ Change ☐ Addition
NAME	MARK, LEE	22 NAME	Tim Emeis	
STREET ADDRESS	1891 BLUE HERON LANE	23 STREET ADDRESS	3360 Whipoorwill Ct.	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	Jacksonville Beach, FL 32250	
TITLE	T	31 TITLE	Vice President	☒ Change ☐ Addition
NAME	NEILL, ROBERT	32 NAME	D Sharron Pearson	
STREET ADDRESS	3348 WHIPOORWILL CT	33 STREET ADDRESS	3526 Sanctuary Blvd.	
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	Jacksonville Beach, FL 32250	
TITLE	AS	41 TITLE	Secretary	☒ Change ☐ Addition
NAME	EMIS, TIM	42 NAME	D John Shellhorn	
STREET ADDRESS	3360 WHIPOORWILL CT	43 STREET ADDRESS	1998 Blue Heron Lane	
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP	Jacksonville Beach, FL 32250	
TITLE	AS	51 TITLE	D Treasurer	☒ Change ☐ Addition
NAME	HUYLER, ELAINE	52 NAME	John Moulton	
STREET ADDRESS	3597 SANCTUARY BLVD	53 STREET ADDRESS	1931 Blue Heron Lane	
CITY-ST-ZIP	JACKSONVILLE FL	54 CITY-ST-ZIP	Jacksonville Beach, FL 32250	
TITLE		61 TITLE		☒ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

~~PERMITTED BY~~ ENTERED BY

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Apr 24, 1995 904-896-0225
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL WHO FILED ITEM Date Telephone Number

0028087