

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N33163 (9)

1. Corporation Name

THE SANCTUARY OF JACKSONVILLE BEACH COMMUNITY AS
SOCIATION, INC.



Principal Place of Business

Mailing Address

~~XXXXXXXXXX~~
~~XXXX~~
~~XXXXXXXXXX~~
US

~~XXXXXXXXXX~~
~~XXXX~~
~~XXXXXXXXXX~~
US

3. Date Incorporated or Qualified
07/10/1989

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21 10036 Sawgrass Dr.

2a. Mailing Address
26 P.O. Box 1159

4. FEI Number
59-2960238

Applied For
Not Applicable

Suite, Apt. #, etc.
22 Suite 3

Suite, Apt. #, etc.
27

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

City & State
23 Ponte Vedra Beach, FL

City & State
28 Ponte Vedra Beach, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

Zip Country
24 32082 25 US

Zip Country
29 32004 30 US

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~X WINTERED XXXX~~
~~X XXXX XXXX~~
~~X XXXX~~
~~X JACKSONVILLE FL 32257~~

81 Name
Donald J. Munch

82 Street Address (P.O. Box Number is Not Acceptable)
10036 Sawgrass Dr. Suite 3

83

84 City
Ponte Vedra Beach FL 85 Zip Code
32082

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 617.0503, Florida Statutes.

SIGNATURE

Donald Munch

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

(NOTE: Registered Agent signature required when reinstating)

3/22/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME TYLER, ELAINE
STREET ADDRESS 3597 SANCTUARY BLVD
CITY-ST-ZIP JACKSONVILLE BCH FL

11 TITLE ☒ Change ☐ Addition
12 NAME HUYLER, ELAINE
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE ~~VPD~~ ☒ DELETE
NAME ~~EMEIS, TIM~~
STREET ADDRESS ~~3360 WHIPORWHILL CT~~
CITY-ST-ZIP ~~JACKSONVILLE FL~~

21 TITLE ☐ Change ☒ Addition
22 NAME Director
23 STREET ADDRESS Hornsby, Jerry
24 CITY-ST-ZIP 1822 Mourning Dove
Jacksonville Bch, FL 32250

TITLE VPD ☐ DELETE
NAME PEARSON, SHARRON
STREET ADDRESS 3526 SANCTUARY BLVD
CITY-ST-ZIP JACKSONVILLE FL

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE SD ☒ DELETE
NAME SHELLHORN, JOHN
STREET ADDRESS 1898 BLUE HERON LANE
CITY-ST-ZIP JACKSONVILLE FL

41 TITLE ☒ Change ☒ Addition
42 NAME Secretary
43 STREET ADDRESS Matthews, Dick
44 CITY-ST-ZIP 3329 Anhinga Court
Jacksonville Bch, FL 32250

TITLE TD ☐ DELETE
NAME MOULTON, JOHN
STREET ADDRESS 1631 BLUE HERON LANE
CITY-ST-ZIP JACKSONVILLE FL

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/96

Daytime Phone #

CR2E037 (12/95)