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Mar 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N33163** (9)

1. Corporation Name

THE SANCTUARY OF JACKSONVILLE BEACH COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10036 SAWGRASS DR SUITE 3 PONTE VEDRA BEACH FL 32082 US	PO BOX 1159 PONTE VEDRA BEACH FL 32004-1159 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	07/10/1989	04/02/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	59-2960238	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	
Zip	Zip	6. Election Campaign Financing	\$5.00 May Be Added to Fees
24	29	Trust Fund Contribution	<input type="checkbox"/>
Country	Country	7. This corporation has liability for intangible tax under s 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
25	30		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MUNCH, DONALD J 10036 SAWGRASS DR SUITE 3 SUITE 108 PONTE VEDRA BEACH FL 32082	81 Name Munch, Donald 82 Street Address (P.O. Box Number is Not Acceptable) Four Seasons Management 83 10036 Sawgrass Drive, Suite 3 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 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD HUYLER, ELAINE 3597 SANCTUARY BLVD JACKSONVILLE BCH FL	11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUITE 108	12 NAME	Paul Bryant
STREET ADDRESS		13 STREET ADDRESS	3411 Mourning Dove Lane
CITY-ST-ZIP	JACKSONVILLE BCH FL	14 CITY-ST-ZIP	Jacksonville FL DIR
TITLE	D HORNSBY, JERRY Pres	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS	1822 MOURNING DOVE	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BEACH FL	24 CITY-ST-ZIP	
TITLE	VPD PEARSON, SHARRON VP	31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32 NAME	FRANK Langley
STREET ADDRESS	3526 SANCTUARY BLVD	33 STREET ADDRESS	3398 Anhinga Ct
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	Jacksonville FL Dir.
TITLE	SUITE 108 MATTHEWS, DICK VP	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS	3329 ANHINGA COURT	43 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BCH FL	44 CITY-ST-ZIP	
TITLE	TD MOULTON JOHN	51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52 NAME	Cathy Spencer Sec.
STREET ADDRESS	1634 BLUE HERON LANE	53 STREET ADDRESS	1806 Mourning Dove Lane
CITY-ST-ZIP	JACKSONVILLE FL	54 CITY-ST-ZIP	Jacksonville FL DIR
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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: *James H. Baker* 2-25-97 (904) 285-1526
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000033

CR2E037 (9/96)