

FILE NOW: FILING FEE IS \$61.25

FILED

May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N33163** (9)

1. Corporation Name

THE SANCTUARY OF JACKSONVILLE BEACH HOMEOWNERS 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
US**

3. Date Incorporated or Qualified

07/10/1989

4. FEI Number

59-2960238

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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
PONTE VEDRA BEACH FL 32082**

81 Name

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

83

84 City

FL

85 Zip Code

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

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 **D** ☒ DELETE

NAME **BRYANT, PAUL**
STREET ADDRESS **3411 MOURNING DOVE LANE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **PD** ☒ DELETE

NAME **HORNSBY, JERRY**
STREET ADDRESS **1822 MOURNING DOVE**
CITY-ST-ZIP **JACKSONVILLE BEACH FL**

TITLE **D** ☒ DELETE

NAME **LANGLEY, FRANK**
STREET ADDRESS **3398 ANHINGA CT**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VP** ☒ DELETE

NAME **MATTHEWS, DICK**
STREET ADDRESS **3329 ANHINGA COURT**
CITY-ST-ZIP **JACKSONVILLE BCH FL**

TITLE **DS** ☒ DELETE

NAME **SPENCER, CATHY**
STREET ADDRESS **1806 MOURNING DOVE LANE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE **PD** ☐ Change ☒ Addition

1.2 NAME **PATRICA CALLAN**
1.3 STREET ADDRESS **1093 BLUE HERON LANE**
1.4 CITY-ST-ZIP **JACKSONVILLE BEACH, FL 32250**

2.1 TITLE **TD** ☐ Change ☒ Addition

2.2 NAME **MARIANNE HILLEGASS**
2.3 STREET ADDRESS **3561 SANCTUARY BLVD.**
2.4 CITY-ST-ZIP **JACKSONVILLE BEACH, FL 32250**

3.1 TITLE **VP** ☐ Change ☒ Addition

3.2 NAME **ROBERT DRAGONETTE**
3.3 STREET ADDRESS **1298 BLUE HERON LANE NORTH**
3.4 CITY-ST-ZIP **JACKSONVILLE BEACH, FL 32250**

4.1 TITLE **D** ☐ Change ☒ Addition

4.2 NAME **TED LATOUR**
4.3 STREET ADDRESS **3310 SANCTUARY BLVD.**
4.4 CITY-ST-ZIP **JACKSONVILLE BEACH, FL 32250**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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: *Marianne Hillegass*

CR2E037 (10/97)