FILE NOW: FILING FEE IS $61.25

FILED
Mar 08, 1999 8:00 am
Secretary of State
03-08-1999 90007 009 ****61.25

000006

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N33163

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 07/10/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2960238 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MUNCH, DONALD J
10036 SAWGRASS DR SUITE 3
PONTE VDRA BEACH FL 32082

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	POD	☐ DELETE	1.1 TITLE	Vice President ☐ Change ☐ Addition
NAME	CALLAN, PATRICIA		1.2 NAME	Laura Petraglia
STREET ADDRESS	1093 BLUE HERON LANE		1.3 STREET ADDR	Vice-President
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250		1.4 CITY-ST-ZIP	Sanctuary Homeowners Assoc.
TITLE	TD	☐ DELETE	2.1 TITLE	2064 Green Heron Point
NAME	HILLEGASS, MARIANNE		2.2 NAME	Jacksonville Bch. FL 32250
STREET ADDRESS	3561 SANCTUARY BLVD		2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32550		2.4 CITY-ST-ZIP	Karen Kelton- Satchel
TITLE	VP	☑ DELETE	3.1 TITLE	Secretary
NAME	DRAGONETTE, ROBERT		3.2 NAME	Sanctuary Homeowners Assoc.
STREET ADDRESS	1298 BLUE HERON LANE NORTH		3.3 STREET ADD	1890 Green Heron Court
CITY-ST-ZIP	JACKOSONVILLE BEACH FL 32250		3.4 CITY-ST-ZIP	Jacksonville Bch. FL 32250
TITLE	D	☑ DELETE	4.1 TITLE	
NAME	LATOUR, TED		4.2 NAME	Lee Dorson
STREET ADDRESS	3310 SANCTUARY BLVD		4.3 STREET ADD	Director
CITY-ST-ZIP	JACKSONVILLE BCH FL 32250		4.4 CITY-ST-ZIP	Sanctuary Homeowners Assoc.
TITLE		☐ DELETE	5.1 TITLE	1326 Blue Heron lane North
NAME			5.2 NAME	Jacksonville Bch FL 32250
STREET ADDRESS			5.3 STREET ADD	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: Patricia Callan SIGNATURE REQUIRED 1/21/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)