

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90093 040 ****61.25

A0061761

DO NOT WRITE IN THIS SPACE

DOCUMENT # N33163

1. Entity Name

**THE SANCTUARY OF JACKSONVILLE BEACH,
 HOMEOWNERS ASSOCIATION**

Principal Place of Business

Mailing Address

**10036 SAWGRASS DR
 SUITE 3
 PONTE VEDRA BEACH, FL
 US 32082**

**P.O. BOX 1159
 PONTE VEDRA BEACH, FL
 32004-1159**

2. Principal Place of Business

2180 W SR 434

Suite, Apt. #, etc.

STE 5000

City & State

LONGWOOD, FL

Zip
32779

Country
US

3. Mailing Address

2180 W SR 434

Suite, Apt. #, etc.

STE 5000

City & State

LONGWOOD, FL

Zip
32779

Country
US

4. FEI Number

59-3132823

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

HART, JAMES W JR

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

SENTRY MANAGEMENT INC

2180 W SR 434 STE 5000

City

LONGWOOD

FL

Zip Code

32779-5044

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/00

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☒ Delete
 NAME **POD**
 STREET ADDRESS **CALLAN, PATRICIA**
 CITY-ST-ZIP **1093 BLUE HERON LANE
 JACKSONVILLE BEACH, FL 32250**

TITLE ☒ Delete
 NAME **TD**
 STREET ADDRESS **HILLEGASS, MARIANNE**
 CITY-ST-ZIP **3561 SANCTUARY BLVD
 JACKSONVILLE BEACH, FL 32250**

TITLE ☒ Delete
 NAME **V**
 STREET ADDRESS **PETRAGULIA, LAURA**
 CITY-ST-ZIP **2064 GREEN HERON POINT
 JACKSONVILLE BEACH, FL 32250**

TITLE ☒ Delete
 NAME **S**
 STREET ADDRESS **KELTON-SACHEL, KAREN**
 CITY-ST-ZIP **1890 GREEN HERON COURT
 JACKSONVILLE BEACH, FL 32250**

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **DORSON, LEE**
 CITY-ST-ZIP **1326 BLUE HERON LANE NORTH
 JACKSONVILLE BEACH, FL 32250**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
 NAME **PD**
 STREET ADDRESS **POMERANTZ, LINDA**
 CITY-ST-ZIP **1407 BLUE HERON LN E
 JACKSONVILLE BEACH, FL 32250**

TITLE ☐ Change ☒ Addition
 NAME **TD**
 STREET ADDRESS **JONES, GEORGE**
 CITY-ST-ZIP **2981 SANCTUARY BLVD
 JACKSONVILLE BEACH, FL 32250**

TITLE ☐ Change ☒ Addition
 NAME **SD**
 STREET ADDRESS **SHEEN, JILL**
 CITY-ST-ZIP **1890 GREEN HERON CT
 JACKSONVILLE BEACH, FL 32250**

TITLE ☐ Change ☒ Addition
 NAME **VP**
 STREET ADDRESS **PARPART, EDMUND**
 CITY-ST-ZIP **1870 MOURNING DOVE LN
 JACKSONVILLE BEACH, FL 32250**

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **ROBERT VERRINO**
 CITY-ST-ZIP **1606 BLUE HERON LN
 JACKSONVILLE BEACH, FL 32250**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Linda Pomerantz

LINDA POMERANTZ