2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State
04-16-2001 90483 039 ****70.00

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DOCUMENT # N33163

1. Entity Name

THE SANCTUARY OF JACKSONVILLE BEACH HOMEOWNERS A

Principal Place of Business	Mailing Address
2180 W. SR 424. STE. 5000 LONGWOOD FL 32779 US	2180 W. SR 424. STE. 5000 LONGWOOD FL 32779 US

D0037412

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
200 Executive Way	200 Executive Way
Suite, Apt. #, etc.: Ste 206	Suite, Apt. #, etc.: Ste 206
City & State: Ponte Vedra FL	City & State: Ponte Vedra FL
Zip: 32082 Country:	Zip: 32082 Country:

4. FEI Number 59-2960238 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DEBORAH, STEENSON C/O PROACTIVE ASSOC. MGMT., INC. 200 EXECUTIVE WAY, STE. 206 PONTE VEDRA FL 32082	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 Debora H. Steenson Debora Steenson 4/12/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JONES, GEORGE 2981 SANCTURARY BLVD JACKSONVILLE BEACH FL 32550	☐ Delete	VD Janet Linger 1788 Sandpiper Ct Jacksonville Beach FL 32550	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SHEEN, JILL 1890 GREEN HERON CT JACKSONVILLE BCH FL 32250	☐ Delete	D Kimberly Poponch 3384 Whippoorwill Ct. Jacksonville Beach FL 32250	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PARPART, EDMUND 1870 MOURNING DOVE LN JACKSONVILLE BCH FL 32250	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VERRINO, ROBERT 1606 BLUE HERON LN JACKSONVILLE BCH FL 32250	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (10/00)

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: SIGNATURE REQUIRED 4/12/01 904/2735700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #