

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90070 016 ****61.25

DOCUMENT # N33163

1. Entity Name

THE SANCTUARY OF JACKSONVILLE BEACH HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**200 EXECUTIVE WAY
 ST 206
 PONTE VEDRA BEACH FL 32082
 US**

**200 EXECUTIVE WAY
 ST 206
 PONTE VEDRA BEACH FL 32082
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

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

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	TD	<input type="checkbox"/> Delete
NAME	JONES, GEORGE	
STREET ADDRESS	2981 SANCTURARY BLVD	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32550	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SHEEN, JILL	
STREET ADDRESS	1890 GREEN HERON CT	
CITY-ST-ZIP	JACKSONVILLE BCH FL 32250	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LINGER, JANET	
STREET ADDRESS	1788 SANDPIPER COURT	
CITY-ST-ZIP	JACKSONVILLE BCH FL 32250	
TITLE	D	<input type="checkbox"/> Delete
NAME	POPOVICH, KIMBERLY	
STREET ADDRESS	3384 WHIPPOWILL COURT	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rathleen Gariepy	
STREET ADDRESS	1740 Sandpiper Court	
CITY-ST-ZIP	Jacksonville Beach, FL 32250	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephen Armstrong	
STREET ADDRESS	3360 Whipporwill Ct.	
CITY-ST-ZIP	Jacksonville Beach, FL 32250	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)