2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006
Secretary of State

DOCUMENT# N33163

Entity Name: THE SANCTUARY OF JACKSONVILLE BEACH HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-3132823 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JAMES W HART JR
SENTRY MANAGEMENT INC
2180 W SR 434, SUITE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MOULTON, JOHN
Address: 1631 BLUE HERON LN
City-St-Zip: JACKSONVILLE, FL 32250

Title: VPD ( ) Delete
Name: BAKER, MIKE
Address: 1628 BLUE HERON LN
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: SD ( ) Delete
Name: AMMERMAN, JENNIFER
Address: 3088 SANCTUARY BLVD
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition
Name: MOULTON, JOHN
Address: 1631 BLUE HERON LN
City-St-Zip: JACKSONVILLE, FL 32250

Title: PD (X) Change ( ) Addition
Name: SCHILBRACK, SCOTT
Address: 1849 BLUE HERON LN
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VPD (X) Change ( ) Addition
Name: PEARSON, RON
Address: 3526 SANCTUARY BLVD
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: SD ( ) Change (X) Addition
Name: GALES, BLEACE
Address: 3488 SANCTUARY BLVD
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D ( ) Change (X) Addition
Name: MEYNE, FRITZ
Address: 1298 BLUE HERON LN
City-St-Zip: JACKSONVILLE BEACH, FL 32250

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT SCHILBRACK PD 04/05/2006

Electronic Signature of Signing Officer or Director — Date