2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33163

FILED Mar 09, 2007 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779

Current Mailing Address: New Mailing Address:

2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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: JAMES W HART JR 03/09/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition MOULTON, JOHN CALLAN, PATRICIA Name: Name:

1631 BLUE HERON LN Address: 1093 BLUE HERON LN Address:

JACKSONVILLE BEACH, FL 32250 City-St-Zip: JACKSONVILLE, FL 32250 City-St-Zip:

Title: PD () Delete Title: (X) Change () Addition SCHILBRACK, SCOTT Name: SCHILBRACK, SCOTT Name:

Address: 1849 BLUE HERON LN Address: 1849 BLUE HERON LN

City-St-Zip: JACKSONVILLE BEACH, FL 32250 City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VPD () Delete Title: (X) Change () Addition PEARSON, RON PEARSON, RON Name: Name:

Address: 3526 SANCTUARY BLVD 3526 SANCTUARY BLVD City-St-Zip: JACKSONVILLE BEACH, FL 32250 City-St-Zip: JACKSONVILLE BEACH, FL 32250

(X) Change () Addition Title: SD () Delete Title: STD

Name: GALES, BLEACE Name: HUYLER, ELAINE Address: 3488 SANCTUARY BLVD Address: 3597 SANCTUARY BLVD

City-St-Zip: JACKSONVILLE BEACH, FL 32250 City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: () Delete Title: () Change () Addition

MEYNE, FRITZ Name: Name: 1298 BLUE HERON LN Address: Address: City-St-Zip: JACKSONVILLE BEACH, FL 32250 City-St-Zip:

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.

Address:

SIGNATURE: PATRICIA CALLAN PD 03/09/2007