


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90025 002 \*\*\*\*61.25

<b>DOCUMENT # N40099</b> 1. Entity Name <b>THE SANCTUARY AT BONITA BAY HOMEOWNERS' ASSOCIATION, INC.</b>			
Principal Place of Business <b>C/O STERLING PROPERTY 27800 OLD 41 ROAD BONITA SPRINGS, FL 34135 US</b>		Mailing Address <b>C/O STERLING PROPERTY 27800 OLD 41 ROAD BONITA SPRINGS, FL 34135 US</b>	
2. Principal Place of Business - No P.O. Box # <b>90 STERLING PROPERTY</b> Suite, Apt. #, etc. <b>27180 BAY LANDING DRIVE</b> City & State <b>SUITE #4</b> <b>BONITA SPRINGS</b> Zip <b>34135</b> Country		3. Mailing Address <b>90 STERLING PROPERTY</b> Suite, Apt. #, etc. <b>27180 BAY LANDING DRIVE</b> City & State <b>SUITE #4</b> <b>BONITA SPRINGS</b> Zip <b>34135</b> Country	
4. FEI Number <b>31-1337244</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>O'GORMAN, JOHN C/O STERLING PROPERTY SRVS 27800 OLD 41 RD BONITA SPRINGS, FL 34135</b>		7. Name and Address of New Registered Agent Name <b>O'GORMAN, JOHN</b> Street Address (P.O. Box Number is Not Acceptable) <b>90 STERLING PROPERTY SERVICES</b> <b>27180 BAY LANDING DRIVE, SUITE #4</b> City <b>BONITA SPRINGS</b> State <b>FL</b> Zip Code <b>34135</b>	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>[Signature]</i></u> DATE <b>3/26/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RUSSELL, LAWRENCE 4200 SANCTUARY WAY BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PACI, JOHN 4225 SANCTUARY WAY BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HANSON, MICHAEL 4276 SANTUARY WAY BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HEYWORTH, ANTHONY 4284 SANCTUARY WAY BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRECH, ANDREW 4363 SANTUARY WAY BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
<small>Date Daytime Phone #</small>			