

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90241 039 \*\*\*\*61.25

**DOCUMENT # N45265**

1. Entity Name  
**THE SANCTUARY AT WULFERT POINT COMMUNITY  
ASSOCIATION, INC.**



Principal Place of Business  
**C/O ISLAND REALTY & MANAGEMENT  
P.O. BOX 100  
SANIBEL, FL 33957 US**

Mailing Address  
**C/O ISLAND REALTY & MANAGEMENT  
P.O. BOX 100  
SANIBEL, FL 33957 US**

40064712



2. Principal Place of Business  
**do Island Management Group**  
Suite, Apt. #, etc.

3. Mailing Address  
**do Island Management Group**  
Suite, Apt. #, etc.

04012005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**65-0408457**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**PAPPAS, CAROL  
ISLAND REALTY & MANAGEMENT  
PO BOX 100 - 703 TARPON BAY RD  
SANIBEL, FL 33957**

## 7. Name and Address of New Registered Agent

Name **Steven J. Mackesy**  
Street Address (P.O. Box Number is Not Acceptable)  
**do Island Management Group**  
**PO Box 100- 711 Tarpon Bay Road**  
City **Sanibel** FL **33957**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE **SD** ☐ Delete  
NAME **SNELL, SHERIDAN**  
STREET ADDRESS **2963 WULFERT RD**  
CITY-ST-ZIP **SANIBEL, FL 33957**

TITLE **D** ☐ Delete  
NAME **BUTLER, RICHARD**  
STREET ADDRESS **2414 WULFERT RD**  
CITY-ST-ZIP **SANIBEL, FL 33957**

TITLE **PD** ☒ Delete  
NAME **TURNER, RICHARD**  
STREET ADDRESS **2939 WULFERT RD.**  
CITY-ST-ZIP **SANIBEL, FL 33957**

TITLE **VD** ☐ Delete  
NAME **NELSON, PAUL**  
STREET ADDRESS **2279 TROON CT.**  
CITY-ST-ZIP **SANIBEL, FL 33957**

TITLE **TD** ☐ Delete  
NAME **REULING, PETER**  
STREET ADDRESS **2562 WULFERT RD**  
CITY-ST-ZIP **SANIBEL, FL 33957**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **PP**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **TD**  
STREET ADDRESS **Vance Jola**  
CITY-ST-ZIP **2417 Wulfert Road**  
**Sanibel FL 33957**

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

4-4-05

Date

239-472-9777

Daytime Phone #