2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2007 8:00 am Secretary of State

04-25-2007 90176 026 ****61.25

DOCUMENT # N45265

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



| P.O. BOX 100 Sanibel, FL | MANAGEMENT GROUP 0 33957 US | Mailing Address C/O ISLAND MANAGEMENT GROUP P.O. BOX 100 SANIBEL, FL 33957 US | | | | 40080425 | | | | |
|--|---|---|-----|---|--|---------------------------|--------------------|--------------------|---------------|---------------------------|
| 2. Principal P | lace of Business - No P.O. Box # | 3. Mailing Address | | | | | | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 01112007 | Chg-NP | CR2E037 | (12/06) | |
| City & State | | City & State | | | | 4. FEI Numbe 65-040 | | | | plied For t Applicable |
| Zip | Country | Zip | Cou | ntry | | 5. Certificate | of Status Desire | ed 🗆 🕏 | 8.75 Add | litional d |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | | | | |
| MACKESY 711 TARP/ SANIBEL, | | Name Street Address | | | '.O. Box Number | er is Not Accept | able) | | | |
| | | | | | | <u>-</u> | | FL | Zip Cod | е |
| the obligation of the street s | named entity submits this statement to some of registered agent. Signature, typed or printed name of registered agent. | | • | | | ed agent, or bo | th, in the State o | f Florida. I am fa | miliar with, | and accept |
| | Signature, typed or printed harne or registered agen | | | wright (directable) | | DATE | | | | |
| | Filing Fee is \$61.25 Due by May 1, 2007 9. Election Camp. Trust Fund Cor | | | | St.00 May Be Added to Fees Florida Departm | | | | | |
| 10. | OFFICERS AND DIRECTORS | | 11. | | AI | DDITIONS/CH | ANGES TO OFF | ICERS AND DIR | ECTORS IN | 10 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SNELL, SHERIDAN 2963 WULFERT RD s | | | | | | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BUTLER, RICHARD 2414 WULFERT RD SANIBEL, FL 33957 | ☐ Delete | | | αT | | | | Change Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD NELSON, PAUL 2279 TROON CT. SANIBEL, FL 33957 | D Delete | - 1 | | | | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD REULING, PETER 2562 WULFERT RD SANIBEL, FL 33957 | ☐ Delete | | | 2564 | wifer | + Rd | • | Change Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD JOLA, VANCE 2417 GULFPORT RD SANIBEL, FL 33957 | Ç Delete | | | VO Gord 237. Osni | | 33957 | 9 | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Detete | | | 228: | Roth 2 Wolfe bel FL | v+ Road | | ☐ Change | 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 supplied ental 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 of 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 IND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

239-472-9797