2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# N50937

Entity Name: SANCTUARY GOLF VILLAGES I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O ISLAND MANAGEMENT GROUP
P.O. BOX 100
SANIBEL, FL 33957 US

New Principal Place of Business:

C/O ISLAND MANAGEMENT GROUP
711 TARPON BAY RD
SANIBEL, FL 33957 US

Current Mailing Address:

C/O ISLAND MANAGEMENT GROUP
P.O. BOX 100
SANIBEL, FL 33957 US

New Mailing Address:

FEI Number: 65-0397829 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MACKESY, STEVEN J.
C/O ISLAND MGMT GROUP
711 TARPON BAY RD., PO BOX 100
SANIBEL, FL 33957 US

Name and Address of New Registered Agent:

MACKESY, STEVEN J
C/O ISLAND MGMT GROUP
711 TARPON BAY RD.
SANIBEL, FL 33957 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: STEVEN J MACKESY 04/03/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: LANGEFELD, DONALD
Address: 2661 WULFERT RD 4
City-St-Zip: SANIBEL, FL 33957

Title: VD ( ) Delete
Name: EDGAR, LEAR
Address: 2619 WULFERT RD #1
City-St-Zip: SANIBEL, FL 33957

Title: PD ( ) Delete
Name: DYKE, DAVID
Address: 2619 WULFERT RD 3
City-St-Zip: SANIBEL, FL 33957

Title: D ( ) Delete
Name: MAXWELL, THOMAS
Address: 2633 WULFORT ROAD #3
City-St-Zip: SANIBEL, FL 33957

Title: TD ( ) Delete
Name: JOLA, VANCE
Address: 2605 WULFORT ROAD #5
City-St-Zip: SANIBEL, FL 33957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DAVID DYKE PD 04/03/2009
Electronic Signature of Signing Officer or Director Date