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1997 JAN 15 AM 11:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N93000005097 (1)**  
1. Corporation Name  
**THE SANCTUARY AT GOLDEN TEE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address

~~8800 PLACIDA RD  
ENGLEWOOD FL 34224~~  
US 6610 GASPARILLA PINES BLVD  
ENGLEWOOD, FL 34224

8800 PLACIDA RD  
ENGLEWOOD FL 34224  
US 90 PENINSULA PROPERTY MGT. CO  
P.O. Box 125  
PLACIDA, FL 33946-0125

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.  
22 City & State 28 City & State  
23 Zip 29 Zip 30 Country

21 **↑** 27 **↑**  
22 **PLACIDA FL** 28 **PLACIDA FL**  
23 **33946-0125** 29 **33946-0125** 30 **CHARLOTTE**

3. Date Incorporated or Qualified 3a. Date of Last Report  
11/12/1993 04/27/1995

4. FEI Number 65-0483370 Applied For  
**NOT APPLICABLE** Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

~~SPADE, ROBERT W  
8800 PLACIDA RD  
ENGLEWOOD FL 34224~~

FRANCIS J. CLANCEY, SEC  
90 PENINSULA PROPERTY MGT. CO  
PLACIDA FL 33946-0125

10. Name and Address of New Registered Agent

81 Name The Sanctuary at Golden Tee Condo Assn, Inc.  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 P O Box 125 400002062464-5  
-01/17/97-01113-021  
84 City Placida \*\*\*\*245.01 FL 33946-0125

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Francis J. Clancey, Sec* 400002062464-5  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 01/17/97 01113-022

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	SPADE, ROBERT W	
STREET ADDRESS	2424 PLACIDA RD	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	SPADE, DAVID A	
STREET ADDRESS	80 SPYGLASS ALLEY	
CITY-ST-ZIP	CAPE HAZE FL 33946	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	SAIS, KELLY E	
STREET ADDRESS	80 SPYGLASS ALLEY	
CITY-ST-ZIP	CAPE HAZE FL 33946	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lorain Hartnett	
1.3 STREET ADDRESS	6610 Gasparilla Pines Blvd #111	
1.4 CITY-ST-ZIP	Englewood FL 34224	
2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	C. W. Mack	
2.3 STREET ADDRESS	6610 Gasparilla Pines Blvd #204	
2.4 CITY-ST-ZIP	Englewood Florida 34224	
3.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Helen Duchanski	
3.3 STREET ADDRESS	6610 Gasparilla Pines Blvd #211	
3.4 CITY-ST-ZIP	Englewood FL 34224	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Douglas Burns	
4.3 STREET ADDRESS	6610 Gasparilla Pines Blvd #217	
4.4 CITY-ST-ZIP	Englewood Florida 34224	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Robert Spade	
5.3 STREET ADDRESS	2424 Placida RD	
5.4 CITY-ST-ZIP	Englewood Florida 34224	
6.1 TITLE	S(Officer Only)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Francis J. Clancey	
6.3 STREET ADDRESS	P O Box 125 (N/A)	
6.4 CITY-ST-ZIP	Placida Florida 33946-0125	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Francis J. Clancey, Sec* 3/21/96 (941)697-9494  
Signature, typed or printed name of registered agent or director. Date Daytime Phone  
FRANCIS J. CLANCEY, SEC. 1/13/97 (941)697-9494

**REINSTATEMENT** 96-57 1/13/97

CR2E037 (12/95)