

4-15-98 B 4801 c  
**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 15 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000005097 (1)**

1. Corporation Name

**THE SANCTUARY AT GOLDEN TEE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>6610 GASPARILLA PINES BLVD ENGLEWOOD FL 34224 US</b>	Mailing Address <b>% PENINSULA PROPERTY MGT CO. P.O. BOX 125 PLACIDA FL 33946-0125</b>
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3. Date Incorporated or Qualified <b>11/12/1993</b>
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4. FEI Number <b>65-0483370</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. <b>% Harborside Property Mgt., Inc.</b>
22. City & State	27. <b>3455-A S. Access Rd.</b>
23. Zip	28. <b>Englewood, FL</b>
24. Country	29. <b>34224</b>
	30. <b>CHARLOTTE</b>

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>CLANCEY, FRANCIS J 6610 GASPARILLA PINES BLVD ENGLEWOOD FL 34224</b>
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10. Name and Address of New Registered Agent
81. Name <b>William O. Guht</b>
82. Street Address (P.O. Box Number is Not Acceptable) <b>3455-A South Access Road</b>
83. City & State <b>Englewood, FL 34224</b>
84. City <b>Englewood, FL</b>
85. Zip Code <b>34224</b>

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: *William O. Guht* **WILLIAM O. GUHT** DATE: **4/8/98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>HARTNETT, LORAIN</b>	
STREET ADDRESS <b>6610 GASPARILLA PINES BLVD., #111</b>	
CITY-ST-ZIP <b>ENGLEWOOD FL 34224</b>	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>MACK, C W</b>	
STREET ADDRESS <b>6610 GASPARILLA PINES BLVD., #204</b>	
CITY-ST-ZIP <b>ENGLEWOOD FL 34224</b>	
TITLE <b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>DUCHANSKI, HELEN</b>	
STREET ADDRESS <b>6610 GASPARILLA PINES BLVD., #211</b>	
CITY-ST-ZIP <b>ENGLEWOOD FL 34224</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>BURNS, DOUGLAS</b>	
STREET ADDRESS <b>6610 GASPARILLA PINES BLVD., #217</b>	
CITY-ST-ZIP <b>ENGLEWOOD FL 34224</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>SPADE, ROBERT</b>	
STREET ADDRESS <b>2424 PLACIDA RD</b>	
CITY-ST-ZIP <b>ENGLEWOOD FL 34224</b>	
TITLE <b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>CLANCEY, FRANCIS</b>	
STREET ADDRESS <b>P.O. BOX 125 N/A</b>	
CITY-ST-ZIP <b>PLACIDA FL 33946-0125</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>FRED MILNIKEL</b>	
1.3 STREET ADDRESS <b>6610 GASPARILLA PINES BLVD., #212</b>	
1.4 CITY-ST-ZIP <b>ENGLEWOOD, FL 34224</b>	
2.1 TITLE <b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>NICHOLAS BODNAR</b>	
2.3 STREET ADDRESS <b>6610 GASPARILLA PINES BLVD., #102</b>	
2.4 CITY-ST-ZIP <b>ENGLEWOOD, FL 34224</b>	
3.1 TITLE <b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>WILLIAM O. GUHT</b>	
3.3 STREET ADDRESS <b>3455-A SOUTH ACCESS ROAD</b>	
3.4 CITY-ST-ZIP <b>ENGLEWOOD, FL 34224</b>	
4.1 TITLE <b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME <b>DARWYN TILEY</b>	
4.3 STREET ADDRESS <b>6610 GASPARILLA PINES BLVD., #207</b>	
4.4 CITY-ST-ZIP <b>ENGLEWOOD, FL 34224</b>	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME <b>BERNETTE GRUBER</b>	
6.3 STREET ADDRESS <b>1352 Eagle Trail</b>	
6.4 CITY-ST-ZIP <b>Nekoosa, WI 54457</b>	

14. 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 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 a duly empowered person 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: *William O. Guht* **WILLIAM O. GUHT** DATE: **4/8/98** (941) 473-1799

CR2E037 (10/97)