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04-30-1999 90118 046 ****61.25

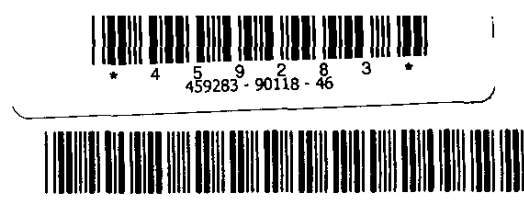
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000005097

1. Corporation Name
THE SANCTUARY AT GOLDEN TEE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 6610 GASPARILLA PINES BLVD ENGLEWOOD FL 34224 US	Mailing Address % HARBORSIDE PROPERTY MGT. INC 3455-A S ACCESS RD ENGLEWOOD FL 34224 US
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2. Principal Place of Business 21	2a. Mailing Address 26 3285-A Placida Rd	3. Date Incorporated or Qualified 11/12/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Pelican Plaza	4. FEI Number 65-0483370
City & State 23	City & State 28 Englewood, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
	Zip 29 34224	Country 30 Charlotte

9. Name and Address of Current Registered Agent GUHT, WILLIAM O 3455-A S ACCESS RD ENGLEWOOD FL 34224		10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City
	3285-A Placida Rd	Pelican Plaza	Englewood
			FL
			85 Zip Code 34224

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** 4/19/99
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD <input checked="" type="checkbox"/> DELETE	NAME MILNIKEL, FRED	1.1 TITLE VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	1.2 NAME Donald Fahrenbruck
STREET ADDRESS 6610 GASPARILLA PINES BLVD, #212	CITY-ST-ZIP ENGLEWOOD FL 34224	1.3 STREET ADDRESS 6610 Gasparilla Pines Blvd #113	1.4 CITY-ST-ZIP Englewood, FL 34224
TITLE VD <input type="checkbox"/> DELETE	NAME BODNAR, NICHOLAS	2.1 TITLE TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME
STREET ADDRESS 6610 GASPARILLA PINES BLVD, #102	CITY-ST-ZIP ENGLEWOOD FL 34224	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE S <input checked="" type="checkbox"/> DELETE	NAME GUHT, WILLIAM O	3.1 TITLE	3.2 NAME
STREET ADDRESS 3455-A S ACCESS RD	CITY-ST-ZIP ENGLEWOOD FL 34224	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE TD <input checked="" type="checkbox"/> DELETE	NAME TILEY, DARWYN	4.1 TITLE SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	4.2 NAME Mary Piekarz
STREET ADDRESS 6610 GASPARILLA PINES BLVD, #207	CITY-ST-ZIP ENGLEWOOD FL 34224	4.3 STREET ADDRESS 6610 Gasparilla Pines Blvd #232	4.4 CITY-ST-ZIP Englewood, FL 34224
TITLE D <input checked="" type="checkbox"/> DELETE	NAME SPADE, ROBERT	5.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	5.2 NAME Janet Hughes
STREET ADDRESS 2424 PLACIDA RD	CITY-ST-ZIP ENGLEWOOD FL 34224	5.3 STREET ADDRESS 14830 E Inwood Cir	5.4 CITY-ST-ZIP Elk Rapids, MI 49629
TITLE D <input type="checkbox"/> DELETE	NAME GRUBER, BERNETTE	6.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME
STREET ADDRESS 1352 EAGLE TRL	CITY-ST-ZIP NEKOOSA WI 54457	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: *Bernette Gruber* **SIGNATURE REQUIRED** 4/23/99 697-7077
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #)

CR2E037 (1/98)