

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90075 028 ****61.25

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DOCUMENT # N93000005097					
1. Entity Name THE SANCTUARY AT CAPE HAZE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 6610 GASPARILLA PINES BLVD ENGLEWOOD, FL 34224 US			Mailing Address 3285-A PLACIDA RD PELICAN PLAZA ENGLEWOOD, FL 34224 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0483370	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GUHT, WILLIAM O 3285-A PLACIDA RD PELICAN PLAZA ENGLEWOOD, FL 34224			Name Harborside Property Management Inc. Street Address (P.O. Box Number is Not Acceptable) 3285-A Placida Rd. Pelican Plaza City Englewood FL Zip Code 34224		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE		Mark W. Shoemaker, Manager		3/18/05	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when re-registering)		DATE	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GIBSON, WILLIAM H		NAME		
STREET ADDRESS	6610 GASPARILLA PINES BLVD, #227		STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD, FL 34224		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUNNELL, RICHARD C		NAME		
STREET ADDRESS	6610 GASPARILLA PINES BLVD, #115		STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD, FL 34224		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARRISON, RAYMOND		NAME		
STREET ADDRESS	6610 GASPARILLA PINES BLVD #228		STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD, FL 34224		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LECLERC, JOSEPHINE		NAME		
STREET ADDRESS	6610 GASPARILLA BLVD #110		STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD, FL 34224		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLOUTIER, DONALD		NAME		
STREET ADDRESS	PO BOX 114		STREET ADDRESS		
CITY-ST-ZIP	NOBEL ONTARIO POG 1GO,		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:		Richard C. Bunnell		3/22/05 (941)697-6569	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	