

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90154 017 ****61.25

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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.

03242006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
65-0483370

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARBORSIDE PROPERTY MANAGEMENT INC.
3285-A PLACIDA RD
PELICAN PLAZA
ENGLEWOOD, FL 34224

Name **Harborside Real Estate, Inc.**

Street Address (P.O. Box Number is Not Acceptable)

3285-A PLACIDA RD.

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

[Handwritten Signature]

4-10-06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution.

\$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
NAME	GIBSON, WILLIAM H	
STREET ADDRESS	6610 GASPARILLA PINES BLVD, #227	
CITY-ST-ZIP	ENGLEWOOD, FL 34224	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BUNNELL, RICHARD C	
STREET ADDRESS	6610 GASPARILLA PINES BLVD, #115	
CITY-ST-ZIP	ENGLEWOOD, FL 34224	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HARRISON, RAYMOND	
STREET ADDRESS	6610 GASPARILLA PINES BLVD #228	
CITY-ST-ZIP	ENGLEWOOD, FL 34224	
TITLE	S	<input type="checkbox"/> Delete
NAME	LECLERC, JOSEPHINE	
STREET ADDRESS	6610 GASPARILLA BLVD #110	
CITY-ST-ZIP	ENGLEWOOD, FL 34224	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CLOUTIER, DONALD	
STREET ADDRESS	PO BOX 114	
CITY-ST-ZIP	NOBEL ONTARIO POG 1GO,	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVE SMITH	
STREET ADDRESS	6610 GASPARILLA PINES BLVD. #121	
CITY-ST-ZIP	ENGLEWOOD, FL 34224	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANCES SHAFFER	
STREET ADDRESS	6610 GASPARILLA PINES BLVD #219	
CITY-ST-ZIP	ENGLEWOOD, FL 34224	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/06

941-697-7077
Date Daytime Phone #