

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005097

FILED  
Jan 29, 2012  
Secretary of State

**Entity Name:** THE SANCTUARY AT CAPE HAZE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

6610 GASPARILLA PINES BLVD.  
ENGLEWOOD, FL 34224 US

**New Principal Place of Business:**

**Current Mailing Address:**

4195 S. TAMIAMI TR., PMB #173  
VENICE, FL 34293 US

**New Mailing Address:**

**FEI Number:** 65-0483370

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ANTARES GROUP, INC.  
4195 S. TAMIAMI TR.  
PMB #173  
VENICE, FL 34293 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MCCURLEY, JOHN  
Address: 4195 S. TAMIAMI TR., PMB #173  
City-St-Zip: VENICE, FL 34293

Title: D  
Name: LAING, JON  
Address: 4195 S. TAMIAMI TR., PMB #173  
City-St-Zip: VENICE, FL 34293

Title: SD  
Name: FINK, SUE  
Address: 4195 S. TAMIAMI TR., PMB #173  
City-St-Zip: VENICE, FL 34293

Title: VPD  
Name: GABRIELE, JEAN  
Address: 4195 S. TAMIAMI TR., PMB #173  
City-St-Zip: VENICE, FL 34293

Title: TD  
Name: SMITH, STEVE  
Address: 4195 S. TAMIAMI TR., PMB #173  
City-St-Zip: VENICE, FL 34293

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ON FILE

PRES

01/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date