

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90141 028 ****61.25

DOCUMENT # N94000000226					
1. Entity Name SANCTUARY PBG HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 8259 N. MILITARY TRAIL STE 11 PALM BEACH GARDENS, FL 33410			Mailing Address 8259 N. MILITARY TRAIL STE 11 PALM BEACH GARDENS, FL 33410		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent JAMASON, BEVERLEY 8259 N. MILITARY TRAIL SUITE 11 PALM BEACH GARDENS, FL 33410				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 VD NAME ZANE, JEFFREY STREET ADDRESS 8259 N MILITARY TRAIL STE 11 CITY- ST- ZIP P.B.G., FL 33410	<input checked="" type="checkbox"/> Delete		TITLE DIRECTOR NAME DEBRA JENKS STREET ADDRESS 8259 N. MILITARY TRAIL STE 11 CITY- ST- ZIP P.B.G., FL 33410	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DT NAME STIEHLER, GERALD STREET ADDRESS 8259 N MILITARY TRAIL STE 11 CITY- ST- ZIP P.B.G., FL 33410	<input type="checkbox"/> Delete		TITLE (D) NAME Jonathan Oniter STREET ADDRESS 8259 N. MILITARY TRAIL, STE 11 CITY- ST- ZIP P.B.G., FL 33410	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME PENNINGTON, DEBORAH STREET ADDRESS 8259 N. MILITARY TRAIL STE 11 CITY- ST- ZIP PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME MC GRATH, JOHN STREET ADDRESS 8259 N MILITARY TRAIL STE 11 CITY- ST- ZIP P.B.G., FL 33410	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME GUSCUKE, MARYANN STREET ADDRESS 8259 N MILITARY TRAIL STE 11 CITY- ST- ZIP P.B.G., FL 33410	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME HEARN, JOY STREET ADDRESS 8259 N MILITARY TRAIL STE 11 CITY- ST- ZIP P.B.G., FL 33410	<input type="checkbox"/> Delete		TITLE VICE PRESIDENT & DIRECTOR NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 3-21-06 <small>Daytime Phone #</small>		