

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90058 014 ****61.25

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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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01292007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0465684

Applied For
Not Applicable

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

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

FL

Zip Code

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

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, 2007**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	JENKS, DEBRA	
STREET ADDRESS	8259 NORTH MILITARY TR #11	
CITY-ST-ZIP	P.B.G., FL 33410	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	STIEHLER, GERALD	
STREET ADDRESS	8259 N MILITARY TRL STE 11	
CITY-ST-ZIP	P.B.G., FL 33410	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PENNINGTON, DEBORAH	
STREET ADDRESS	8259 N. MILTRAIL 11	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MC GRATH, JOHN	
STREET ADDRESS	8259 N MILITARY TRAIL STE 11	
CITY-ST-ZIP	P.B.G., FL 33410	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GUSCUKE, MARYANN	
STREET ADDRESS	8259 N MILITARY TRAIL STE 11	
CITY-ST-ZIP	P.B.G., FL 33410	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	HEARN, JOY	
STREET ADDRESS	8259 N MILITARY TRAIL STE 11	
CITY-ST-ZIP	P.B.G., FL 33410	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jonathon Onufer	
STREET ADDRESS	8259 N MILITARY TRL, #11	
CITY-ST-ZIP	P.B.G. FL 33410	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEN DEURIES	
STREET ADDRESS	8259 N MILITARY TRL, # 11	
CITY-ST-ZIP	PBG FL 33410	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOWARD ROSENKANTZ	
STREET ADDRESS	8259 N. MILITARY TRL, #11	
CITY-ST-ZIP	PBG FL 33410	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mona Jones	
STREET ADDRESS	8259 N. MILITARY TRL, #11	
CITY-ST-ZIP	PBG FL 33410	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARKLEY HENDERSON	
STREET ADDRESS	8259 N. MILITARY TRL, #11	
CITY-ST-ZIP	PBG FL 33410	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BILL SPANKS	
STREET ADDRESS	8259 N. MILITARY TRL, #11	
CITY-ST-ZIP	PBG FL 33410.	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

3-20-07 (54) 76-8654