


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90274 002 \*\*\*\*61.25

<b>DOCUMENT # N94000000618</b> 1. Entity Name <b>LAKE SANCTUARY ASSOCIATION, INC.</b>					
Principal Place of Business <b>200 EXECUTIVE WAY PONTE VEDRA BEACH FL 32082 US</b>			Mailing Address <b>P.O. BOX 2055 PONTE VEDRA BEACH FL 32004 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-3266017</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>EWING, JOHN T 200 EXECUTIVE WAY PONTE VEDRA BEACH FL 32082</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CONNER, CAROLYN</b> <input checked="" type="checkbox"/> Delete <b>3682 SANCTUARY WAY NORTH</b> <b>JACKSONVILLE BEACH FL 32250</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>NEIL FRAVENHIM</b> <b>3622 SANCTUARY WAY NORTH</b> <b>JACKSONVILLE BEACH, FL 32250</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>ELLIOTT, KENT</b> <input type="checkbox"/> Delete <b>3781 SANCTUARY WAY NORTH</b> <b>JACKSONVILLE BEACH FL 32250</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>ST</b> <b>SVEALCHER</b> <b>3634 SANCTUARY WAY NORTH</b> <b>JACKSONVILLE BEACH, FL 32250</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>BROWN, NANCY</b> <input checked="" type="checkbox"/> Delete <b>3665 SANCTUARY WAY NORTH</b> <b>JACKSONVILLE BEACH FL 32250</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>HELEN, MEIL FRAVEH</b> <input checked="" type="checkbox"/> Delete <b>3622 SANCTUARY WAY NORTH</b> <b>JACKSONVILLE BEACH FL 32250</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <i>Kent Elliott</i> <b>KENT ELLIOTT</b> <span style="float: right;">4/13/5 904-280-7616</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					