


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **N94000003314 (1)**
1. Corporation Name

**THE SANCTUARY AT PINECREST MAINTENANCE ASSOCIATI
ON, INC.**



Principal Place of Business 3800 S. OCEAN DRIVE SUITE G-9 HOLLYWOOD FL 33019 US	Mailing Address 3800 S. OCEAN DRIVE SUITE G-9 HOLLYWOOD FL 33019 US
---	---

3. Date Incorporated or Qualified 07/05/1994
4. FEI Number 65-0781214
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 940 HARBOR ISLANDS DR	2a. Mailing Address 26 940 HARBOR ISLANDS DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State 23 HOLLYWOOD FL	City & State 28 HOLLYWOOD FL
Zip 24 33019	Country 25 US
Country 29 US	Zip 30 33019

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SAVAGE, CRAIG D ESQ. 901 N.W. 167TH STREET, #302 NORTH MIAMI BEACH FL 33162	
---	--

10. Name and Address of New Registered Agent	
81 Name SUNRA MANAGEMENT SERVICES, INC.	85 Zip Code FL
82 Street Address (P.O. Box) 4000 N. STATE RD. 7 STE. 408A LAUDERDALE LAKES, FL 33319	
83 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: **3/31/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME FELS, JONATHAN E	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3800 S. OCEAN DRIVE, G-9	CITY-ST-ZIP HOLLYWOOD FL 33019	1.2 NAME	
		1.3 STREET ADDRESS 940 HARBOR ISLANDS DR	
		1.4 CITY-ST-ZIP HOLLYWOOD FL 33019	
TITLE VPD	NAME OFFENBERG, BERNARD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3800 S. OCEAN DRIVE, G-9	CITY-ST-ZIP HOLLYWOOD FL 33019	2.2 NAME	
		2.3 STREET ADDRESS 940 HARBOR ISLANDS DR	
		2.4 CITY-ST-ZIP HOLLYWOOD FL 33019	
TITLE STD	NAME LEVY, MICHAEL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3800 S. OCEAN DRIVE, G-9	CITY-ST-ZIP HOLLYWOOD FL 33019	3.2 NAME	
		3.3 STREET ADDRESS 940 HARBOR ISLANDS DR	
		3.4 CITY-ST-ZIP HOLLYWOOD FL 33019	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **3/30/98** TELEPHONE: **954-783-9010**

CFR2E037 (10/97)