

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003299

FILED
Apr 27, 2009
Secretary of State

Entity Name: THE SANCTUARY AT PALM COAST HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

P O BOX 351565
SUITE 2
PALM COAST, FL 32135

New Principal Place of Business:

109 S 6TH ST
SUITE 200
FLAGLER BEACH, FL 32136

Current Mailing Address:

P O BOX 351565
SUITE 2
PALM COAST, FL 32135

New Mailing Address:

FEI Number: 06-1549709

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHRISTINE & CHRISTINE, P.A.
28 CORDOVA ST
ST. AUGUSTINE, FL 32084 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: STD () Delete
Name: BROWN, RALPH
Address: 741 CANOPY WALK LANE
City-St-Zip: PALM COAST, FL 32137

Title: VPD () Delete
Name: STINE, EINIE
Address: 16 OLD OAK DR. S.
City-St-Zip: PALM COAST, FL 32137

Title: D () Delete
Name: CHRISTIE, DICK
Address: 20 OLD OAK S
City-St-Zip: PALM COAST, FL 32137

Title: D () Delete
Name: WEATHERFORD, BARBARA
Address: 8 OLD OAK DRIVE S
City-St-Zip: PALM COAST, FL 32137

Title: PD () Delete
Name: RICE, DAN
Address: 3 CAITLIN CT
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SKIP, MCDANIEL
Address: 94 OLD OAK DR S
City-St-Zip: PALM COAST, FL 32137

Title: VPD (X) Change () Addition
Name: MCBRIDE, DAVE
Address: 52 OLD OAK DRIVE SOUTH
City-St-Zip: PALM COAST, FL 32137

Title: T (X) Change () Addition
Name: BOTT, NORMAN
Address: 1 DEVIN COURT
City-St-Zip: PALM COAST, FL 32137

Title: D (X) Change () Addition
Name: COOK, MARTIN
Address: 16 SABLE BEND
City-St-Zip: PALM COAST, FL 32137

Title: D (X) Change () Addition
Name: CALLOWAY, BOB
Address: 15 OLD OAK DRIVE NORTH
City-St-Zip: PALM COAST, FL 32137

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NORMAN BOTT

NB

04/27/2009

Electronic Signature of Signing Officer or Director

Date