## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000051077

STREET ADDRÉSS

ST. JOE SANCTUARY REALTY, INC.

| Principal Place   | of Business                           | Mailing Address   |        |        |          |  |  |  |
|---|---------------------------------------|---|--------|--------|----------|--|--|--|
|   | AL DRIVE, SUITE 400                   | 1650 PRUDENTIAL DRIVE. SUITE 400<br>JACKSONVILLE FL 32207 |        |        |          |  |  |  |
| JACKSONVILLE FL 32207   |                                       | JACKSONVILLE FE 32207                                     |        |        |          | DO NOT WRITE IN THIS SPACE                           |  |  |
|   |                                       |   |        |        |          | 3. Date Incorporated or Qualifed 06/04/1998          |  |  |
| 2 Principal Pl  | ace of Business                       | 2a. Mailing Address                                       |        |        |          | 4. FEI Number Applied For                            |  |  |
| z. Thicipairi   | acc of Eddiness                       | 26  |        |        |          | 59-3517838 Not Applicable                            |  |  |
| Suite, Apt.   | # etc.                                | Suite, Apt. #, etc.                                       |        |        |          |  |  |  |
| 22  | ·                                     | 27  |        |        |          | 5. Certificate of Status Desired Fee Required        |  |  |
| City & State  | 9                                     | City & State  |        |        |          | 6. Election Campaign Financing \$5.00 May Be         |  |  |
| 23  |                                       | 28  |        |        |          | Trust Fund Contribution Added to Fees                |  |  |
| Zip   | Country                               | Zip   | _      | ıntry  |          | 8. This corporation owes the current year Intangible |  |  |
| 24  | 25                                    | 29  | 30     |        |          | Personal Property Tax.                               |  |  |
|   | 9. Name and Address of Current        | Registered Agent  |        |        |          | 10. Name and Address of New Registered Agent         |  |  |
| DUODEO BORENT M   |                                       |   |        | 81     | Name     | е  |  |  |
| RHODES, ROBERT M<br>1650 PRUDENTIAL DRIVE, SUITE 400  |                                       |   |        | 82     | Street A | ddress (P.O. Box Number is Not Acceptable)           |  |  |
|   | (SONVILLE FL 32207                    |   |        | 83     |          |  |  |  |
| 0/10/   | NOTIFICE ( I SELO)                    |   |        |        |          |  |  |  |
|   |                                       |   |        | 84     | City     | FL 85 Zip Code .                                     |  |  |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered   |                                       |   |        |        |          |  |  |  |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-hamed 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 607.0505, Florida Statutes. |                                       |   |        |        |          |  |  |  |
|   |                                       |   |        |        |          |  |  |  |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  |                                       |   |        |        |          |  |  |  |
| 12.   | OFFICERS AND                          | DIRECTORS   | 13.    |        |          | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12    |  |  |
| TITLE   | D                                     | <b>☐</b> ADELETE  | 1.1 TI | πE     |          | D/P Change XAddition                                 |  |  |
| NAME  | RUMMELL, PETER S                      |   | 1.2 N  | AME    |          | Richard W. Cope                                      |  |  |
| STREET ADORESS  | 1650 PRUDENTIAL DRIVE, SUITE          | 400   | 1.3 S  | TREET  | ADDRESS  | 19353 U.S. Highway 19 N., STe. 100                   |  |  |
| CITY-ST-ZIP   | JACKSONVILLE FL 32207                 |   | 1.4 C  | ITY-S  | T-ZIP    | Clearwater, FL 34624                                 |  |  |
| TITLE   | D                                     | [ <b>X</b> DELETE   | 2.1 TI | TLE    |          | D ☐ Change ☐ Addition                                |  |  |
| NAME  | LEDSINGER, CHARLES A JR               |   | 2.2 N  | AME    |          | James D. Motta                                       |  |  |
| STREET ADDRESS  | 1650 PRUDENTIAL DRIVE, SUITE          | 400   | 2.3 S  | TREET  | ADDRESS  | 7900 Glades Road                                     |  |  |
| CITY-ST-ZIP   | JACKSONVILLE FL 32207                 |   | 2.40   | OTY+5  | iT-ZIP   | Boca Raton, FL 33434                                 |  |  |
| TITLE   | D                                     | <b>D</b> DELETE   | 3.1 T  | ITLE   |          | D/VP Change XAddition                                |  |  |
| NAME  | RHODES, ROBERT M                      | ·   | 3.2 N  | AME    |          | Michael N. Regan                                     |  |  |
| STREET ADDRESS  | 1650 PRUDENTIAL DRIVE, SUITE          | 400   | 3.3 S  | TREE   | ADDRESS  | 1650 Prudential Dr., Ste. 400                        |  |  |
| CITY-ST-ZIP   | JACKSONVILLE FL 32207                 |   | 3.4. 0 | CITY-S | T-ZIP    | Jacksonville, FL 32207                               |  |  |
| TITLE   | O TO TO O TO O TO O TO O TO O TO O TO | ☐ DELETE  | 4,1 T  | ΠÆ     |          | S \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \              |  |  |
| NAME  |                                       |   | 4.21   | IAME   | [        | Robert M. Rhodes                                     |  |  |
| STREET ADDRESS  |                                       |   | 4.3 S  | TREET  | ADDRESS  | 1650 Prudential Dr., Ste. 400                        |  |  |
| CITY-ST-ZIP   |                                       |   |        | ITY-S  | 3        | Jacksonville, FL 32207                               |  |  |
| TITLE   |                                       | ☐ DELETE  | 5.1 T  | _      |          | T Change Addition                                    |  |  |
| NAME  |                                       |   | 5.2 N  |        | 1        | Lewis A. Sticco                                      |  |  |
| STREET ADDRESS  |                                       |   | 5.3 S  | TREE   | ADDRESS  | 19353 U.S. Highway 19 N., Ste. 100                   |  |  |
| CITY-ST-ZIP   |                                       |   | 5.4 C  | aTY-S  | T-ZIP    | Clearwater, FL 34624                                 |  |  |
| TITLE   |                                       | ☐ DELETE  | 6.1 T  | ITLE   | $\neg$   | Change Addition                                      |  |  |
| NAME  |                                       |   | 6.2 N  | AME    |          | 1  |  |  |
| - Carl  |                                       |   | ı      |        |          | ·  |  |  |

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90081 010 \*\*\*150.00