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Apr 26, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000051077

1. Corporation Name
ST. JOE SANCTUARY REALTY, INC.



Principal Place of Business 1650 PRUDENTIAL DRIVE, SUITE 400 JACKSONVILLE FL 32207	Mailing Address 1650 PRUDENTIAL DRIVE, SUITE 400 JACKSONVILLE FL 32207
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/04/1998	Applied For Not Applicable
4. FEI Number 59-3517838	
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
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip Country 24 25	Zip Country 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RHODES, ROBERT M
 1650 PRUDENTIAL DRIVE, SUITE 400
 JACKSONVILLE FL 32207

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D <input checked="" type="checkbox"/> DELETE	NAME RUMMELL, PETER S	1.1 TITLE D/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	1.2 NAME Richard W. Cope
STREET ADDRESS 1650 PRUDENTIAL DRIVE, SUITE 400	CITY-ST-ZIP JACKSONVILLE FL 32207	1.3 STREET ADDRESS 19353 U.S. Highway 19 N., Ste. 100	1.4 CITY-ST-ZIP Clearwater, FL 34624
TITLE D <input checked="" type="checkbox"/> DELETE	NAME LEDSINGER, CHARLES A JR	2.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	2.2 NAME James D. Motta
STREET ADDRESS 1650 PRUDENTIAL DRIVE, SUITE 400	CITY-ST-ZIP JACKSONVILLE FL 32207	2.3 STREET ADDRESS 7900 Glades Road	2.4 CITY-ST-ZIP Boca Raton, FL 33434
TITLE D <input checked="" type="checkbox"/> DELETE	NAME RHODES, ROBERT M	3.1 TITLE D/VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	3.2 NAME Michael N. Regan
STREET ADDRESS 1650 PRUDENTIAL DRIVE, SUITE 400	CITY-ST-ZIP JACKSONVILLE FL 32207	3.3 STREET ADDRESS 1650 Prudential Dr., Ste. 400	3.4 CITY-ST-ZIP Jacksonville, FL 32207
TITLE <input type="checkbox"/> DELETE	NAME ROBERT M. RHODES	4.1 TITLE S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME Robert M. Rhodes
STREET ADDRESS 1650 PRUDENTIAL DRIVE, SUITE 400	CITY-ST-ZIP JACKSONVILLE FL 32207	4.3 STREET ADDRESS 1650 Prudential Dr., Ste. 400	4.4 CITY-ST-ZIP Jacksonville, FL 32207
TITLE <input type="checkbox"/> DELETE	NAME LEWIS A. STICCO	5.1 TITLE T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	5.2 NAME Lewis A. Sticco
STREET ADDRESS 19353 U.S. Highway 19 N., Ste. 100	CITY-ST-ZIP Clearwater, FL 34624	5.3 STREET ADDRESS 19353 U.S. Highway 19 N., Ste. 100	5.4 CITY-ST-ZIP Clearwater, FL 34624
TITLE <input type="checkbox"/> DELETE	NAME MICHAEL N. REGAN	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME Michael N. Regan
STREET ADDRESS 1650 PRUDENTIAL DRIVE, SUITE 400	CITY-ST-ZIP JACKSONVILLE FL 32207	6.3 STREET ADDRESS 1650 Prudential Dr., Ste. 400	6.4 CITY-ST-ZIP Jacksonville, FL 32207

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.

SIGNATURE: Michael N. Regan **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **4-19-99** **Date** **904/396-6600** **Daytime Phone #**

CR2E034 (11/98)