

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000005954

**FILED**  
**Mar 29, 2018**  
**Secretary of State**  
**CC2162409351**

**Entity Name:** SANCTUARY ISLAND INC.

**Current Principal Place of Business:**

601 NORTH MIRAMAR AVENUE  
#308  
INDIALANTIC, FL 32903

**Current Mailing Address:**

601 NORTH MIRAMAR AVENUE  
STE 308  
INDIALANTIC, FL 32903 US

**FEI Number:** 27-2889397

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

O'BRIEN, BARBARA L PRES  
601 NORTH MIRAMAR AVENUE  
#308  
INDIALANTIC, FL 32903 US

*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:** BARBARA L O'BRIEN

03/29/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            O'BRIEN, BARBARA L  
Address        601 NORTH MIRAMAR AVENUE  
                  #308  
City-State-Zip: INDIALANTIC FL 32903  
  
Title            B  
Name            HURLBERT, MARC  
Address        1345 AVENUE OF THE AMERICAS  
City-State-Zip: NEW YORK NY 32951  
  
Title            B  
Name            GAFFNEY, ELEANOR  
Address        45 DANTE DR  
City-State-Zip: MANCHASTER NJ 08759

Title            EXECUTIVE SECRETARY  
Name            HERBST, ANITA  
Address        30 BIRCHWOOD ROAD  
City-State-Zip: RANDOLPH NJ 07869  
  
Title            B  
Name            GREENFIELD, GARY PHD  
Address        3220 RIVER VILLA WAY  
City-State-Zip: MELBOURNE BEACH FL 32951  
  
Title            BOARD MEMBER  
Name            BRITT, SANDY  
Address        298 EAST CENTRAL BLVD  
City-State-Zip: CAPE CANAVERAL FL 32931-6208

*I hereby 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 all other like empowered.*

**SIGNATURE:** BARBARA O'BRIEN

MSN, RN, FOUNDER

03/29/2018

Electronic Signature of Signing Officer/Director Detail

Date