

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N33163

**Entity Name:** THE SANCTUARY OF JACKSONVILLE BEACH HOMEOWNERS ASSOCIATION, INC.**FILED**  
**Jan 27, 2022**  
**Secretary of State**  
**8984575931CC****Current Principal Place of Business:**112 N. PONCE DE LEON BLVD  
UNIT C  
SAINT AUGUSTINE , FL 32084**Current Mailing Address:**PO BOX 1389  
SAINT AUGUSTINE, FL 32085 US**FEI Number: 59-3132823****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**RAULERSON, JANEEN  
112 N. PONCE DE LEON BLVD  
UNIT C  
SAINT AUGUSTINE, FL 32084 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: JANEEN RAULERSON****01/27/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**Title VP  
Name SHILBROCK, SCOTT  
Address P.O BOX 1389  
City-State-Zip: SAINT AUGUSTINE FL 32085Title PRESIDENT  
Name SULLIVAN, MONIQUE  
Address P.O BOX 1389  
City-State-Zip: SAINT AUGUSTINE FL 32085Title DIRECTOR  
Name ROOF, LYNN  
Address P.O BOX 1389  
City-State-Zip: SAINT AUGUSTINE FL 32085Title TREASURER  
Name POPOVICH, KIM  
Address P.O BOX 1389  
City-State-Zip: ST. AUGUSTINE FL 32085Title DIRECTOR  
Name SANDERS, DONNA  
Address P.O BOX 1389  
City-State-Zip: ST. AUGUSTINE FL 32085

*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: MONIQUE SULLIVAN****PRESIDENT****01/27/2022**

Electronic Signature of Signing Officer/Director Detail

Date