

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006067

FILED  
Apr 11, 2008  
Secretary of State

Entity Name: THE SANCTUARY AT TIVOLI WOODS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 W SR 434  
SUITE 5000  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

2180 W SR 434  
SUITE 5000  
LONGWOOD, FL 32779

**New Mailing Address:**

FEI Number: 11-3646906      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HART, JAMES W JR  
SENTRY MANAGEMENT INC  
2180 W SR 434 STE 5000  
LONGWOOD, FL 32779 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: D ( ) Delete  
Name: GRAHAM, KEITH D  
Address: 4999 ADAIR OAK DR  
City-St-Zip: ORLANDO, FL 32829

Title: PD ( ) Delete  
Name: CHRISTOPHER, TIMOTHY  
Address: 4840 ADAIR OAK DR  
City-St-Zip: ORLANDO, FL 32829

Title: VPD ( ) Delete  
Name: ALCAIDINHO, JOSEPH L  
Address: 9535 WORTHINGTON RIDGE RD  
City-St-Zip: ORLANDO, FL 32829

Title: TD ( ) Delete  
Name: MAPILI, BERNIE  
Address: 4780 ADAIR OAK DR  
City-St-Zip: ORLANDO, FL 32829

Title: D ( ) Delete  
Name: GRAHAM, KEITH D  
Address: 4999 ADAIR OAK DR  
City-St-Zip: ORLANDO, FL 32829

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MOHUN, PETER  
Address: 5014 QUALITY TRL  
City-St-Zip: ORLANDO, FL 32829

Title: VPD (X) Change ( ) Addition  
Name: CHRISTOPHER, TIMOTHY  
Address: 4840 ADAIR OAK DR  
City-St-Zip: ORLANDO, FL 32829

Title: D (X) Change ( ) Addition  
Name: ALCAIDINHO, JOSEPH L  
Address: 9535 WORTHINGTON RIDGE RD  
City-St-Zip: ORLANDO, FL 32829

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: FUDALI, ROBIN  
Address: 5158 ADAIR OAK DR  
City-St-Zip: ORLANDO, FL 32829

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: PETER MOHUN

PD

04/11/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date