

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90371 040 \*\*\*\*61.25

<b>DOCUMENT # N02000008810</b>					
<b>1. Entity Name</b> SANCTUARY ON LIVINGSTON HOMEOWNER'S ASSOCIATION, INC.					
<b>Principal Place of Business</b> 2424 MANDAN TRAIL WINTER PARK, FL 32789			<b>Mailing Address</b> 2424 MANDAN TRAIL WINTER PARK, FL 32789		
<b>2. Principal Place of Business</b> 409 E. College Ave		<b>3. Mailing Address</b> P.O. Box 1058			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Ruskin, FL		<b>City &amp; State</b> Ruskin, FL		<b>4. FEI Number</b> 36-3593603	
<b>Zip</b> 33570		<b>Country</b>		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> FUGETT, MARK R 2424 MANDAN TRAIL WINTER PARK, FL 32789			<b>7. Name and Address of New Registered Agent</b> Name: Lou Ellen Wilson Street Address (P.O. Box Number is Not Acceptable): 409 E. College Ave City: Ruskin FL Zip Code: 33570		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
<b>SIGNATURE</b>			<b>DATE</b> 4/26/06		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD	<b>NAME</b> FUGETT, JACK	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> O/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>NAME</b> BRIAN ZUCKERMAN
<b>STREET ADDRESS</b> 2424 MANDAN TRAIL	<b>CITY - ST - ZIP</b> WINTER PARK, FL 32789		<b>STREET ADDRESS</b> 19815 Sea Rider Way	<b>CITY - ST - ZIP</b> Lutz, FL 33559	
<b>TITLE</b> VD	<b>NAME</b> FUGETT, MARK	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> O/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>NAME</b> RHODA STREISER
<b>STREET ADDRESS</b> 2424 MANDAN TRAIL	<b>CITY - ST - ZIP</b> WINTER PARK, FL 32789		<b>STREET ADDRESS</b> 2309 COLLIER	<b>CITY - ST - ZIP</b> LAND OF LAKE 33609	
<b>TITLE</b> STD	<b>NAME</b> FUGETT, JACK	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>NAME</b> KURT HORNELAND
<b>STREET ADDRESS</b> 2424 MANDAN TRAIL	<b>CITY - ST - ZIP</b> WINTER PARK, FL 32789		<b>STREET ADDRESS</b> P.O. 49628	<b>CITY - ST - ZIP</b> TAMPA, FL 33647	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<b>TITLE</b> O/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>NAME</b> GENE SHAPIRO
<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>		<b>STREET ADDRESS</b> 2515 WINDFIRE RUN	<b>CITY - ST - ZIP</b> Lutz, FL 33559	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<b>TITLE</b> O/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>NAME</b> BEAMAN PATEL
<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>		<b>STREET ADDRESS</b> 19624 Amazon Basin	<b>CITY - ST - ZIP</b> Lutz, FL 33559	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>		<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b>			<b>DATE</b> 4/26/06		
Signature and typed or printed name of signing officer or director			Daytime Phone # (813) 645-1569		
BRIAN ZUCKERMAN					

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