

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90022 003 ****61.25

0015792

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N40286

1. Corporation Name

EAST ORLANDO SANCTUARY HOMEOWNERS ASSOCIATION.IN
C.

Principal Place of Business

C/O ATTWOOD-PHILLIPS, INC
1350 ORANGE AVE STE 100
WINTER PARK FL 32789
CA

Mailing Address

C/O ATTWOOD-PHILLIPS, INC
P.O. BOX 1208
WINTER PARK FL 32790-1208



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
10/10/1990

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-3185224

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ATTWOOD-PHILLIPS, INC
1350 ORANGE AVE SUITE 100
WINTER PARK FL 32789

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE ~~PD~~ ☒ DELETE
NAME BUCHER, MICHAEL
STREET ADDRESS 4012 ISLAND DR
CITY-ST-ZIP ORLANDO FL 32826

TITLE ~~VD~~ ☒ DELETE
NAME MULANZ, GEORGE
STREET ADDRESS 4305 KING EDWARD DR
CITY-ST-ZIP ORLANDO FL 32826

TITLE ~~TD~~ ☐ DELETE
NAME DESCHRYVER, DEAN
STREET ADDRESS 4454 BROOKSTONE CT
CITY-ST-ZIP ORLANDO FL 32826

TITLE ~~PD~~ ☐ DELETE
NAME WALLING, WAYNE
STREET ADDRESS 4367 KING EDWARD DR
CITY-ST-ZIP ORLANDO FL 32826

TITLE ~~PD~~ ☐ DELETE
NAME HORNER, JOHN
STREET ADDRESS 4346 BOCA WOODS DR
CITY-ST-ZIP ORLANDO FL 32826

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
D
JOHN BIRKNER
4114 KING EDWARD
ORLANDO, FL 32826

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
SD
LYNN PLATT
13619 SPRINGTIDE COURT
ORLANDO, FL 32826

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
VD

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
PD

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
TD

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
D
ADRIAN VANCE
4014 CORAL BROOK
ORLANDO, FL 32826

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 617, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wayne Walling PRESIDENT 644-4500
Date Daytime Phone #

CR2E037 (11/98)