

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40286

FILED
Mar 03, 2005
Secretary of State

Entity Name: EAST ORLANDO SANCTUARY HOMEOWNERS ASSOCIATION,INC.

Current Principal Place of Business:

2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 CA

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 CA

New Mailing Address:

FEI Number: 59-3185224

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 327795044 CA

Name and Address of New Registered Agent:

HART, JAMES W JR.
SENTRY MANAGEMENT INC
2180 W. SR 434, STE. 5000
LONGWOOD, FL 327795044 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:

03/03/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BEBSCOTER, JAMES
Address: 4322 BOCA WOODS DR.
City-St-Zip: ORLANDO, FL 32826

Title: VPD () Delete
Name: DAVIS, MARTTE
Address: 4300 PEBBLESTONE CT.
City-St-Zip: ORLANDO, FL 32826

Title: SD () Delete
Name: EISEMAN, SUSAN
Address: 4472 KING EDWARD DR
City-St-Zip: ORLANDO, FL 32826 CA

Title: TD (X) Delete
Name: WOODS, TERESA
Address: 13820 RIVERPATH GROVE DR.
City-St-Zip: ORLANDO, FL 32826

Title: D (X) Delete
Name: SKYES, OUIDA
Address: 4204 KING EDWARD DR.
City-St-Zip: ORLANDO, FL 32826

Title: D (X) Delete
Name: HANZLEY, CAROLYN
Address: 4428 BROOKDALE CT.
City-St-Zip: ORLANDO, FL 32826

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: STABENAU, PAULA
Address: 4233 FOREST ISLAND DR
City-St-Zip: ORLANDO, FL 32826

Title: VPD (X) Change () Addition
Name: PICA, DIANA
Address: 4251 KING EDWARD DR
City-St-Zip: ORLANDO, FL 32826

Title: SD (X) Change () Addition
Name: GREEN, RON
Address: 13743 MEADOWPARK AVE
City-St-Zip: ORLANDO, FL 32826

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PAULA STABENAU

PD

03/03/2005

Electronic Signature of Signing Officer or Director

Date