2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40286

FILED Mar 06, 2006 Secretary of State

Entity Name: EAST ORLANDO SANCTUARY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 **Current Mailing Address: New Mailing Address:** 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 FEI Number: 59-3185224 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition STABENAU, PAULA KORTE, SCOTT Name: Name: 4233 FOREST ISLAND DR Address: 4115 KING EDWARD DR Address: City-St-Zip: ORLANDO, FL 32826 City-St-Zip: ORLANDO, FL 32826 Title: VPD () Delete Title: D (X) Change () Addition PICA, DIANA Name: PICA, DIANA Name: Address: 4251 KING EDWARD DR Address: 4251 KING EDWARD DR City-St-Zip: ORLANDO, FL 32826 City-St-Zip: ORLANDO, FL 32826 Title: Title: (X) Change () Addition () Delete GREEN, RON GREEN, RON Name: Name: 13743 MEADOWPARK AVE 13743 MEADOWPARK AVE Address: Address: City-St-Zip: ORLANDO, FL 32826 City-St-Zip: ORLANDO, FL 32826 () Change (X) Addition Title: () Delete Title: VPD Name: Name: BEVAN, NATE 4012 KING EDWARD DR Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32826 Title: () Delete Title: () Change (X) Addition HAKEEM, BERTY Name: Name: 4132 KING EDWARD DR Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32826 Title: () Delete Title: () Change (X) Addition STEINHAUS, PETER Name: Name: Address: Address: 13816 VALLEYBROOKE LN ORLANDO, FL 32826 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SCOTT KORTE PD 03/06/2006