

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90208 041 \*\*\*\*61.25

**DOCUMENT # N40286**

1. Entity Name

**EAST ORLANDO SANCTUARY HOMEOWNERS ASSOCIATION, INC.**



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

**668 N. Orlando Ave**  
Suite, Apt. #, etc.  
**105**

3. Mailing Address

**668 N. Orlando Ave**  
Suite, Apt. #, etc.  
**105**

City & State

**Maitland, FL**

City & State

**Maitland, FL**

Zip

**32751**

Country

**USA**

Zip

**32751**

Country

**USA**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3185224**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Morbitzer, Margaret L.**  
Street Address (P.O. Box Number is Not Acceptable)  
**668 N. Orlando Ave**  
**Suite 105**  
City **Maitland** **FL** Zip Code **32751**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/31/03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAVIS, MELANIE 4256 FOREST ISLAND DR ORLANDO FL 32826	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP NULANZ, GEORGE 4385 KING EDWARD DR ORLANDO FL 32826	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EISMAN, SUSAN 4472 KING EDWARD DR ORLANDO FL 32826	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HORNER, JOHN 4346 BOCA WOODS DR ORLANDO FL 32826	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEARMER, ELIZABETH 4229 FOREST ISLAND DR ORLANDO FL 32826	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Benscoter, James 4322 Boca Woods Dr. Orlando, FL 32826	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Davis, Cecil 4300 Pebblestone Ct. Orlando, FL 32826	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Woods, Teresa 13820 Riverpath Grove Dr. Orlando, FL 32826	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Skyles, Ouida 4264 King Edward Dr. Orlando, FL 32826	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hanzley, Carolyn 4428 Brookdale Ct Orlando, FL 32826	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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.

SIGNATURE: **James Benscoter** REQUIRED

**2/3/03**

**(407) 629-6018**  
**Ext. 131**

CR2E037 (10/02)