

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

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90164 003 ****61.25

DOCUMENT # N93000000830

1. Entity Name
THE SANCTUARY OWNERS ASSOCIATION, INC.



Principal Place of Business

14300 SE 128TH STREET
OCKLAWAHA FL 32179
US

Mailing Address

14300 SE 128TH STREET
OCKLAWAHA FL 32179
US

2. Principal Place of Business

2437 SE 17th STREET

Suite, Apt. #, etc.
101

City & State
OCALA Florida

Zip
34471

Country
USA

3. Mailing Address

2437 SE 17th STREET

Suite, Apt. #, etc.
101

City & State
OCALA, Florida

Zip
34471

Country
USA



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0470977**

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

INGRAM, THOMAS D
14300 SE 128TH STREET
OCKLAWAHA FL 32179

change

7. Name and Address of New Registered Agent

Name

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

2437 SE 17th STREET (SUITE 101)

City **OCALA**

FL

Zip Code
34471

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

Thomas D. Ingram

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-27-03

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	PD OVERCASH, TODD 14311 SE 128TH STREET OCKLAWAHA FL 32179	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T INGRAM, THOMAS D 14300 SE 128TH STREET OCKLAWAHA FL 32179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KERNAN, BILL P.O. BOX 1614 N/A OCKLAWAHA FL 32179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WOEFEL, KURT P O BOX 37 OCKLAWAHA FL 32183	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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	RUSSEL DINGMAN - PD 2123 SW 20th PLACE OCALA, FL 34474-7034	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2437 SE 128th STREET (SUITE 101) OCALA, Florida 34471	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCOTT MAPES - VPD 1848 NE 63rd Street OCALA, FL 34479	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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:

Thomas D. Ingram
REQUIRED

1-27-03

(352) 611-5075

CR2E037 (10/02)