

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002181 (4)

1. Corporation Name

THE SANCTUARY OF GAINESVILLE OWNERS ASSOCIATION,
INC.



Principal Place of Business

Mailing Address

6110 NW 1ST PLACE
SUITE A
GAINESVILLE FL 32607
US

6110 NW 1ST PLACE
SUITE A
GAINESVILLE FL 32607
US

3. Date Incorporated or Qualified

05/05/1995

4. FEI Number

59-3362790

Applied For

Not Applicable

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

Zip

Country

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒

Yes

☐

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

KEOHANE, MARK J
6110 NW 1ST AVENUE
SUITE A
GAINESVILLE FL 32607

10. Name and Address of New Registered Agent

81 Name

D JEFFREY SAUSAMAN

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

6110 NW 1ST PLACE, SUITE A

83

84 City

Gainesville

FL

85 Zip Code

32607

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 D JEFFREY SAUSAMAN

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/22/98

12. OFFICERS AND DIRECTORS

TITLE PD DELETED

NAME KEOHANE, MARK J
STREET ADDRESS 6110 NW 1ST PLACE SUITE A
CITY-ST-ZIP GAINESVILLE FL

TITLE SD DELETED

NAME FRAZIER, ROBERT H
STREET ADDRESS 6110 NW 1ST PLACE SUITE A
CITY-ST-ZIP GAINESVILLE FL

TITLE TD DELETED

NAME KNACK, JEFFREY L
STREET ADDRESS 6110 NW 1ST PLACE SUITE A
CITY-ST-ZIP GAINESVILLE FL

TITLE VD DELETED

NAME BARR, ELLIS L
STREET ADDRESS 6110 NW 1ST PLACE SUITE A
CITY-ST-ZIP GAINESVILLE FL

TITLE DELETED

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETED

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/S Change Addition

1.2 NAME D JEFFREY SAUSAMAN
1.3 STREET ADDRESS 8510 SW 21 LANE
1.4 CITY-ST-ZIP GAINESVILLE FL 32607

2.1 TITLE P/D Change Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE T/D Change Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

D JEFFREY SAUSAMAN 7/22/98 3523311233

0001699

CR2E037 (5/98)