

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N95000002181

FILED
Apr 12, 2002 8:00 AM
Secretary of State

Entity Name: THE SANCTUARY OF GAINESVILLE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6110 NW 1ST PLACEE
SUITE A
GAINESVILLE, FL 32607 US

New Principal Place of Business:

6110-B NW 1ST PLACE
GAINESVILLE, FL 32607 US

Current Mailing Address:

6110 NW 1ST PLACE
SUITE A
GAINESVILLE, FL 32607 US

New Mailing Address:

6110-B NW 1ST PLACE
GAINESVILLE, FL 32607 US

FEI Number: 59-3362790

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAUSAMAN, D JEFFREY
6110 NW 1ST AVENUE
SUITE A
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

SAUSAMAN, D JEFFREY
6110-B NW 1ST PL
GAINESVILLE, FL 32607 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:

04/12/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: PERKINS, JIM
Address: 7206 NW 42ND LANE
City-St-Zip: GAINESVILLE, FL 32606

Title: TD () Delete
Name: TOWNSEND, WADE
Address: 4321 NW 73RD TERRACE
City-St-Zip: GAINESVILLE, FL 32606

Title: VD () Delete
Name: LAUX, STEVE
Address: 3473 NW 10TH AVE
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: ERBES, JOY
Address: 7107 NW 42ND LANE
City-St-Zip: GAINESVILLE, FL 32606

Title: D () Delete
Name: FRAZER, FAYE
Address: 7115 NW 41ST LANE
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JIM PERKINS

PRES

04/12/2002

Electronic Signature of Signing Officer or Director

Date