

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002181

FILED
Jan 26, 2009
Secretary of State

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

Current Principal Place of Business:

4195 NW 7LOT BLVD
GAINESVILLE, FL 32606 US

New Principal Place of Business:

4195 NW 71ST BLVD
GAINESVILLE, FL 32606 US

Current Mailing Address:

PO BOX 358859
GAINESVILLE, FL 32635 US

New Mailing Address:

FEI Number: 59-3362790 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ERBES, JOY
7107 NW 42ND LANE
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: SCHAFFER, RANA
Address: 7104 NW 42ND LN
City-St-Zip: GAINESVILLE, FL 32606

Title: VP () Delete
Name: ALFORD, LLOYD
Address: 7118 NW 41ST LANE
City-St-Zip: GAINESVILLE, FL 32606

Title: S () Delete
Name: LAUX, FRIS
Address: 7103 NW 43RD LANE
City-St-Zip: GAINESVILLE, FL 32606

Title: T3 () Delete
Name: ERBES, JOY
Address: 7107 NW 42ND LANE
City-St-Zip: GAINESVILLE, FL 32606

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: LAUX, KRIS
Address: 7103 NW 43RD LANE
City-St-Zip: GAINESVILLE, FL 32606

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

Title: AL () Change (X) Addition
Name: RAJASEKHAR, PARVIDA
Address: 7113 NW 43RD LANE
City-St-Zip: GAINESVILLE, FL 32606

I hereby certify that the information supplied with this filing does not qualify 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: JOY ERBES

T

01/26/2009

Electronic Signature of Signing Officer or Director

Date