

FILE NOW: FILING FEE IS \$61.25

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Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N40286** (9)
1. Corporation 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	Mailing Address C/O ATTWOOD-PHILLIPS, INC P.O. BOX 1208 WINTER PARK FL 32790-1208
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 10/10/1990	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-3185224	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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 *Sandra B. Mortham* **Attwood-Phillips, Inc.** **4/6/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HARRIS, GARY	
STREET ADDRESS	13808 EAGLERIDGE CT	
CITY-ST-ZIP	ORLANDO FL 32828-2845	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MULANZ, GEORGE	
STREET ADDRESS	4385 KING EDWARD DR	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BUESCHER, JACK	
STREET ADDRESS	C/O MERCEDES HOMES 3300 UNIVERSITY AVE 253	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WALLING, WAYNE	
STREET ADDRESS	4387 KING EDWARD DR	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOOD, TONYA	
STREET ADDRESS	C/O DEMETREE BUILDERS 3348 EDGEWATER DR	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KANTZ, KARL	
STREET ADDRESS	2601 S. BAYSHORE DR	
CITY-ST-ZIP	MIAMI FL 33133	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Michael Durocher
1.3 STREET ADDRESS	4012 Forest Island Dr.
1.4 CITY-ST-ZIP	Orlando, FL 32826
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	John Birkner
2.3 STREET ADDRESS	4114 King Edward Dr.
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Dean Deschryver
3.3 STREET ADDRESS	4454 Brookestone Ct.
3.4 CITY-ST-ZIP	Orlando, FL 32826
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Jamie Hoskins
4.3 STREET ADDRESS	4318 Pebblestone Ct.
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	John Horner
5.3 STREET ADDRESS	4346 Boca Woods Dr.
5.4 CITY-ST-ZIP	Orlando, FL 32826
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **4/7/98** **401-935** **4609**

CR2E037 (10/97)