2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State
04-13-2000 90083 019 ****61.25

DOCUMENT # N40286

1. Entity Name

EAST ORLANDO SANCTUARY HOMEOWNERS ASSOCIATION,IN

Principal Place of Business	Mailing Address
C/O ATTWOOD-PHILLIPS. INC 1350 ORANGE AVE STE 100 WINTER PARK FL 32789 CA	C/O ATTWOOD-PHILLIPS. INC P.O. BOX 1208 WINTER PARK FL 32790-1208

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3185224 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ATTWOOD-PHILLIPS, INC 1350 ORANGE AVE SUITE 100 WINTER PARK FL 32789	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~JOHN, BIRKNER~~ ~~4114 KING EDWARD~~ ~~ORLANDO FL 32826~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MELANIE DAVIS 4256 FOREST ISLAND DR. ORLANDO, FL 32826	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ~~PLATT, LYNN~~ ~~13619 SPRINGSIDE COURT~~ ~~ORLANDO FL 32826~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GEORGE NULAND 4385 KING EDWARD DR. ORLANDO, FL 32826	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ~~DESCHRYVER, DEAN~~ ~~4454 BROOKESTONE CT~~ ~~ORLANDO FL 32826~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GREG MEISTRICH 4252 FOREST ISLAND DR. ORLANDO, FL 32826	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WALLING, WAYNE 4367 KING EDWARD DR ORLANDO FL 32826	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HORNER, JOHN 4346 BOCA WOODS DR ORLANDO FL 32826	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VANCE, ADRIAN 4014 CORAL BROOKE ORLANDO FL 32826	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD	☒ Change ☐ Addition

CR2E037 (9/99)

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: /s/ Wayne Walling PRESIDENT 04/05/00 (407)644-4500X299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
WAYNE WALLING