FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # // OLOCOCOLE 20

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 16, 2002 8:00 am Secretary of State 04-16-2002 90134 029 ***150.00

Daytime Phone #

1. Entity	/ Name		110	DODOLO 1	8	/
The	Sanctuary	a t	Oak	Crask"-Homoownorg	Accor	TH

The Sa	nctuary at Oak Cre	eêk":Homeowners	Assoc., I	nc.			
	DO NOT WRITE	IN THIS SPA	NCE				
2. Principal P	lace of Business	3. Mailing Address		830522			
' NO>>							
Suite. Apt.	#, etc.	PO Box 2159 Suite, Apt. #, etc.		DO NOT WRITE	IN THIS SPACE		
City & State Riverv		City & State Riverview Ft.		4. FEI Number	Applied For Not Applicable		
Zip	Country	·	Country	59-3725831 5. Certificate of Status Desired	\$8.75 Additional		
<u> 33569-</u>		335 <u>68-2159</u> _		7. Name and Address of Current Re	Fee Required		
•	•		Name	··			
DO NOT WRITE			Street Address	Name Jeffery C. Shannon Street Address (P.O. Box Number is Not Acceptable)			
				East Kennedy Blvd.			
	IN THIS SP	AUE	Curi to	^ 1700			
			City		FL Zip Code		
P The above	named entity submits this statement for	the purpose of changing its rec	Tamp				
o. The above	Hamed chery submits this second-cro	and parpose or onanging no reg	noter ou visite or region		•		
SIGNATURE	·						
0,0,0,0	Signature, typed or printed name of registered agent a		gistered Agent signature requit	od when reinstating)	TIACI		
Tax filing t	oration is caligible to satisfy its Intangible requirement and elects to do so. In a on back	January 1 - May After May 1, Amended U Make Cheek Payable	11 Fee ls \$150.00 Fee ls \$550.00 BR is \$61.25 to Departmen 807S	10. Election Campaign Finar Trust Fund Contribution.	scing \$5.00 May Be Added to Fees		
11.	OFFICERS AND	DIRECTORS					
TITLE	₽ ; D		TITLE				
NAME CTOSET ADDRESS	Paul R. Grasser		NAME STREET ADDRESS				
STREET ADDRESS .	4104 Blackjack Ro	ad	CHY-ST-ZIP				
TITLE	over, FL 33527		THLE				
NAME.			NAME				
STREET ADDRESS	ļ		STREET ADDRESS CITY-ST-ZIP				
CITY-ST-7IP			TITLE				
TITLE NAME	VP -		NAME	and the second			
STREET ADDRESS	Michael Greenwald		STREET ADDRESS	DO NOT	MOITE		
CITY-ST-ZIP	3638 Redfield Ct		CITY-ST-ZIP	י וטא טע	VALLE		
THEE	Gilbert Arizona 8	5234	TITLE	IN THIS S	PACE		
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY ST-ZIP				
TITLE	C		TITLE	<u></u>			
NAME	S Dana B Cook		NAME				
STREET ADDRESS	Dana R Cook 0732 Moss Island	Drive	STREET ADDRESS CITY-ST-ZIP				
	Riverview FL 3356	3	TITLE		<u> </u>		
TITLE Name			NAME	w			
STREET ADDRESS			STREET ADDRESS				
CITY+ST-ZIP			CITY-ST-ZIP				
indicated of the co	certify that the information supplied with fon this report or supplemental report is reporation or the receiver or trustee emp but with an address, with all other like an	true and accurate and that my a sowered to execute this report a	e exemption stated in s signature shall have th s required by Chapter	Section 119.07(3)(i), Florida Statutes. I fit e same legal effect as if made under oa 607, Florida Statutes; and that my nam	arther certify that the information th; that I am an officer or director e appears in Block 11 or on an		