
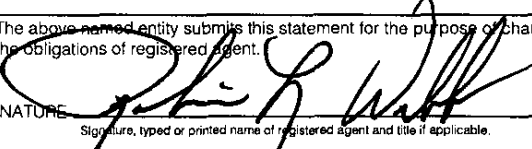
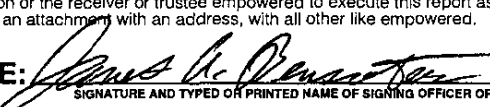


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90003 047 ****61.25

DOCUMENT # N40286 1. Entity Name EAST ORLANDO SANCTUARY HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 668 N. ORLANDO AVE. 105 MAITLAND, FL 32751 CA			Mailing Address 668 N. ORLANDO AVE. 105 MAITLAND, FL 32751 CA		
2. Principal Place of Business 901 N. Lake Destiny Drive		3. Mailing Address 901 N. Lake Destiny Drive			
Suite, Apt. #, etc. Suite 110		Suite, Apt. #, etc. Suite 110			
City & State Maitland, FL		City & State Maitland, FL		4. FEI Number 59-3185224	
Zip 32751		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEBB, ROBIN L 668 N. ORLANDO AVE. SUITE 105 MAITLAND, FL 32751			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 901 N. Lake Destiny Drive Suite 110 City Maitland FL Zip Code 32751		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  DATE 4/9/2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BEBSCOTER, JAMES 4322 BOCA WOODS DR. ORLANDO, FL 32826	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD Davis, Martte 4300 Pebblestone Court Orlando, FL 32826
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD DAVIS, CECIL 4300 PEBBLESTONE CT. ORLANDO, FL 32826	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	EISEMAN, SUSAN
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD EISEMAN, SUSAN 4472 KING EDWARD DR ORLANDO, FL 32826	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	EISEMAN, SUSAN
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WOODS, TERESA 13820 RIVERPATH GROVE DR. ORLANDO, FL 32826	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	EISEMAN, SUSAN
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SKYES, OUIDA 4204 KING EDWARD DR. ORLANDO, FL 32826	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	EISEMAN, SUSAN
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HANZLEY, CAROLYN 4428 BROOKDALE CT. ORLANDO, FL 32826	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	EISEMAN, SUSAN
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  4/6/04 (907) 382-8759 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					