## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000001578

FILED Jul 18, 2005 Secretary of State

Entity Nan	me: THE SANCTUARY AT OAK CREEK HOMEO	WNERS ASSOCIATION, INC.
Current Pr	rincipal Place of Business:	New Principal Place of Business:
3434 COLV TAMPA, FL	WELL AVE. #200 _ 33614	3974 TAMPA ROAD SUITE B OLDSMAR, FL 34677
Current Ma	ailing Address:	New Mailing Address:
3434 COLV TAMPA, FL	NELL AVE #200 _ 33614	P.O. BOX 2157 OLDSMAR, FL 34677
In accordanc	ce with s. 607.193(2)(b), F.S., the corporation did not rece	•
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
WILLIAMS, 3434 COLV TAMPA, FL	WELL AVE. #200	HANSON, JACK B 3974 TAMPA ROAD SUITE B OLDSMAR, FL 34677 US
	named entity submits this statement for the purpose of Florida.	se of changing its registered office or registered agent, or both,
SIGNATUR	RE: JACK B. HANSON	07/18/2005
	Electronic Signature of Registered Agent	Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	PD () Delete STOREY, MIKE 100 TAMPA OAKS BLVD. #100 TEMPLE TERRACE, FL 33637	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	VD () Delete TURKOVICS, RANDY 100 TAMPA OAKS BLVD. #100 TEMPLE TERRACE, FL 33637	Title: VD (X) Change ( ) Addition Name: FOSTER, BRAD Address: 100 TAMPA OAKS BLVD. #100 City-St-Zip: TEMPLE TERRACE, FL 33637
Title: Name: Address: City-St-Zip:	STD () Delete REYNOLDS, NANCY 100 TAMPA OAKS BLVD. #100 TEMPLE TERRACE, FL 33637	Title: () Change () Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MIKE STOREY PD 07/18/2005