2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N40286

Entity Name: EAST ORLANDO SANCTUARY HOMEOWNERS ASSOCIATION,INC.

Current Principal Place of Business:

110 N. ORLANDO AVE #6
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

110 N. ORLANDO AVE #6
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 59-3185224 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KIRTLAND, MARLENE L ESQ.
BECKER & POLIAKOFF, P.A.
2500 MAITLAND CENTER PARKWAY, SUITE 209
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MEEKS, TERRY
Address: 4390 KING EDWARD DR
City-St-Zip: ORLANDO, FL 32826

Title: VPD ( ) Delete
Name: LACY, EMILY
Address: 4416 KING EDWARD DR
City-St-Zip: ORLANDO, FL 32826

Title: TD ( ) Delete
Name: ANNETTA, ALFRED
Address: 4024 KING EDWARD DR
City-St-Zip: ORLANDO, FL 32826

Title: D ( ) Delete
Name: WEBB, FRANK
Address: 4001 KING EDWARD DR
City-St-Zip: ORLANDO, FL 32826

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MARILYN VINCE CAM 04/29/2009
Electronic Signature of Signing Officer or Director — Date