2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State
02-10-2003 90208 041 ****61.25

DOCUMENT # N40286

1. Entity Name
EAST ORLANDO SANCTUARY HOMEOWNERS ASSOCIATION,INC.

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

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
668 N. Orlando Ave	668 N. Orlando Ave
Suite, Apt. #, etc.: 105	Suite, Apt. #, etc.: 105
City & State: Maitland, FL	City & State: Maitland, FL
Zip: 32751 Country: USA	Zip: 32751 Country: USA

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: Morbitzer, Margaret L. Street Address (P.O. Box Number is Not Acceptable): 668 N. Orlando Ave Suite 105 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: Margaret L Morbitzer 1/31/03
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DAVIS, MELANIE 4256 FOREST ISLAND DR ORLANDO FL 32826	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Benscoter, James 4322 Boca Woods Dr. Orlando, FL 32826	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP NULANZ, GEORGE 4385 KING EDWARD DR ORLANDO FL 32826	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Davis, Cecil 4300 Pebblestone Ct. Orlando, FL 32826	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Eisman ~~SISEMAN,~~ SUSAN 4472 KING EDWARD DR ORLANDO FL 32826	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Woods, Teresa 13820 Riverpath Grove Dr. Orlando, FL 32826	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HORNER, JOHN 4346 BOCA WOODS DR ORLANDO FL 32826	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Skyes, Quida 4264 King Edward Dr. Orlando, FL 32826	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEARMER, ELIZABETH 4229 FOREST ISLAND DR ORLANDO FL 32826	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Hanzley, Carolyn 4428 Brookdale Ct Orlando, FL 32826	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: James Benscoter SIGNATURE REQUIRED 2/3/03 (407) 629-6018 EXT. 131