

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000001578

**Entity Name:** THE SANCTUARY AT OAK CREEK HOMEOWNERS ASSOCIATION, INC.**FILED**  
**Feb 25, 2015**  
**Secretary of State**  
**CC9659222794****Current Principal Place of Business:**5680 W CYPRESS STREET  
A  
TAMPA, FL 32607**Current Mailing Address:**5680 W CYPRESS STREET  
A  
TAMPA, FL 32607 US**FEI Number: 59-3725831****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MERITUS  
5680 W. CYPRESS STREET  
SUITE A  
TAMPA, FL 33607 US*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: BRIAN K. LAMB****02/25/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**Title DIRECTOR, PRESIDENT  
Name GOLDFARB, LANA  
Address 5680 W CYPRESS STREET  
A  
City-State-Zip: TAMPA FL 32607Title VP, DIRECTOR  
Name O'CONNOR, R. BRIAN  
Address 5680 W CYPRESS STREET  
A  
City-State-Zip: TAMPA FL 32607Title SECRETARY, DIRECTOR  
Name BRIGHT, CHARLOTTE L  
Address 5680 W CYPRESS STREET  
A  
City-State-Zip: TAMPA FL 32607Title TREASURER, DIRECTOR  
Name COGLIANESE, KELLY  
Address 5680 W CYPRESS STREET  
A  
City-State-Zip: TAMPA FL 32607Title DIRECTOR  
Name CAPPUCCI, ANGELO  
Address 5680 W CYPRESS STREET  
A  
City-State-Zip: TAMPA FL 32607

I hereby 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 all other like empowered.

**SIGNATURE: LANA GOLDFARB****PRESIDENT****02/25/2015**

Electronic Signature of Signing Officer/Director Detail

Date