

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008810

FILED
Feb 03, 2014
Secretary of State
CC4205562158**Entity Name:** SANCTUARY ON LIVINGSTON HOMEOWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**409 E COLLEGE AVE
RUSKIN, FL 33570**Current Mailing Address:**P.O. BOX 1058
RUSKIN, FL 33575**FEI Number: 36-3593603****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**WILSON, LOU ELLEN
409 E COLLEGE AVE
RUSKIN, FL 33570 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DP	Title	DVP
Name	SWEET, THOMAS	Name	CLARK, DONALD
Address	19812 SEA RIDER WAY	Address	19705 SEA RIDER WAY
City-State-Zip:	LUTZ FL 33559	City-State-Zip:	LUTZ FL 33559
Title	DT	Title	DS
Name	FERRANTE, KIMBERLY	Name	MCCULLOUGH, PATRICIA
Address	19403 JACOBS RIVER RUN	Address	2702 COASTAL RANGE WAY
City-State-Zip:	LUTZ FL 33559	City-State-Zip:	LUTZ FL 33559
Title	D		
Name	KANUGANTI, SREENIVAS		
Address	19622 AMAZON BASIN BEND		
City-State-Zip:	LUTZ FL 33559		

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: THOMAS SWEET**PRESIDENT****02/03/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date