

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002181

Entity Name: THE SANCTUARY OF GAINESVILLE OWNERS ASSOCIATION, INC.**FILED**
Feb 17, 2015
Secretary of State
CC1637377807**Current Principal Place of Business:**4196 NW 71ST BLVD
GAINESVILLE, FL 32606**Current Mailing Address:**PO BOX 358859
GAINESVILLE, FL 32635 US**FEI Number: 59-3362790****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**PERKINS, JAMES
7206 NW 42ND LANE
GAINESVILLE, FL 32606 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	PRESIDENT	Title	VP
Name	LAUX, STEVEN J	Name	FISK, DEBORAH
Address	7103 NW 43RD LANE	Address	4308 NW 73RD TERRACE
City-State-Zip:	GAINESVILLE FL 32606	City-State-Zip:	GAINESVILLE FL 32606
Title	SECRETARY	Title	TREASURER
Name	LEVERENCE, KATHERINE	Name	PERKINS, JAMES
Address	7214 NW 41ST LANE	Address	7206 NW 42ND LANE
City-State-Zip:	GAINESVILLE FL 32606	City-State-Zip:	GAINESVILLE FL 32606
Title	DIRECTOR	Title	DIRECTOR
Name	GILLIS, STEVE	Name	MORRIS, MICHAEL
Address	4222 NW 73RD TERRACE	Address	7115 NW 41ST LANE
City-State-Zip:	GAINESVILLE FL 32606	City-State-Zip:	GAINESVILLE FL 32606
Title	DIRECTOR		
Name	FIORDALISI, FRANK		
Address	7108 NW 41ST LANE		
City-State-Zip:	GAINESVILLE FL 32606		

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: JAMES PERKINS**TREASURER****02/17/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date