

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000002181

**Entity Name:** THE SANCTUARY OF GAINESVILLE OWNERS ASSOCIATION, INC.**FILED**  
**Feb 16, 2018**  
**Secretary of State**  
**CC6820766435****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 DIRECTOR  
Name LAUX, STEVEN J  
Address 7103 NW 43RD LANE  
City-State-Zip: GAINESVILLE FL 32606Title TREASURER  
Name PERKINS, JAMES  
Address 7206 NW 42ND LANE  
City-State-Zip: GAINESVILLE FL 32606Title DIRECTOR  
Name FIORDALISI, FRANK  
Address 7108 NW 41ST LANE  
City-State-Zip: GAINESVILLE FL 32606Title PRESIDENT  
Name OTTO, KEVIN DR.  
Address 7118 NW 41ST LANE  
City-State-Zip: GAINESVILLE FL 32606Title VP  
Name LUZAR, JANE DR.  
Address 7203 NW 41ST LANE  
City-State-Zip: GAINESVILLE FL 32606Title SECRETARY  
Name SCHMIDT, ERIK  
Address 4328 NW 73RD TERRACE  
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****02/16/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date