

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001578

FILED
Apr 20, 2009
Secretary of State

Entity Name: THE SANCTUARY AT OAK CREEK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3527 PALM HARBOR BLVD
PALM HARBOR, FL 34683

New Principal Place of Business:

Current Mailing Address:

3527 PALM HARBOR BLVD.
PALM HARBOR, FL 34683

New Mailing Address:

FEI Number: 59-3725831

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANSON, JACK B
MELROSE-SOVEREIGN COMPANIES
3527 PALM HARBOR BLVD
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COGLIANESE, KELLY
Address: 9047 PINEBREEZE DR
City-St-Zip: RIVERVIEW, FL 33569

Title: 1VPD () Delete
Name: O'CONNOR, BRIAN
Address: 9109 PINEBREEZE DR
City-St-Zip: RIVERVIEW, FL 33569

Title: 2VPD () Delete
Name: CULPEPPER, DAVID
Address: 9113 PINEBREEZE DR
City-St-Zip: RIVERVIEW, FL 33569

Title: TD () Delete
Name: WARD, JO ANN
Address: 9063 PINEBREEZE DR
City-St-Zip: RIVERVIEW, FL 33569

Title: SD () Delete
Name: WATSON, CLARKE
Address: 9110 PINEBREEZE DR
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: BURRIS, STEVE
Address: 9015 PINEBREEZE DR
City-St-Zip: RIVERVIEW, FL 33569

Title: TD (X) Change () Addition
Name: WARD, JO ANN
Address: 9063 PINEBREEZE DR
City-St-Zip: RIVERVIEW, FL 33569

Title: SD (X) Change () Addition
Name: WATSON, CLARKE
Address: 9110 PINEBREEZE DR
City-St-Zip: RIVERVIEW, FL 33569

Title: D (X) Change () Addition
Name: BELL, PHILIP
Address: 9105 PINEBREEZE DR
City-St-Zip: RIVERVIEW, FL 33569

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KELLY COGLIANESE

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04/20/2009

Electronic Signature of Signing Officer or Director

Date