



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90054 040 ****61.25

DOCUMENT # N05000003616														
1. Entity Name THE SANCTUARY AT LAKE ANN HOMEOWNERS ASSOCIATION, INC.														
Principal Place of Business 215 SOUTH SWOOPE AVENUE MAITLAND, FL 32751			Mailing Address 215 SOUTH SWOOPE AVENUE MAITLAND, FL 32751											
2. Principal Place of Business 2817 Cliffe Ct		3. Mailing Address		 02142006 Chg-NP CR2E037 (11/05)										
Suite, Apt. #, etc.		Suite, Apt. #, etc.												
City & State Oviedo, FL		City & State												
Zip 32765		Country USA												
4. FEI Number 25-1916434				Applied For <input type="checkbox"/> Not Applicable										
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required										
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Name</td> <td colspan="2">Michel A Beaudoin</td> </tr> <tr> <td style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> <td colspan="2">2817 Cliffe Ct</td> </tr> <tr> <td style="padding: 2px;">City</td> <td>FL</td> <td>Zip Code 32765</td> </tr> </table>			Name	Michel A Beaudoin		Street Address (P.O. Box Number is Not Acceptable)	2817 Cliffe Ct		City	FL	Zip Code 32765
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Street Address (P.O. Box Number is Not Acceptable)	2817 Cliffe Ct													
City	FL	Zip Code 32765												
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Michel A Beaudoin</u> 2-14-06 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>														
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees										
Make check payable to: Florida Department of State														
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10											
TITLE	PVST <input checked="" type="checkbox"/> Delete		TITLE	President <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition										
NAME	FLANAGAN, ED		NAME	Michel A Beaudoin										
STREET ADDRESS	215 SOUTH SWOOPE AVENUE		STREET ADDRESS	2817 Cliffe Ct										
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP	Oviedo FL 32765										
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STREET ADDRESS			STREET ADDRESS											
CITY-ST-ZIP			CITY-ST-ZIP											
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.														
SIGNATURE: <u>Michel A Beaudoin</u>			2-14-06		4073594055x9									
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>									