

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2008 8:00 am**  
**Secretary of State**

02-19-2008 90022 036 \*\*\*\*61.25

|  |  |   |   |
|--|--|---|---|
| <b>DOCUMENT # N05000010287</b><br>1. Entity Name<br><b>SANCTUARY AT SOUTH TOWN HOMEOWNERS' ASSOCIATION, INC.</b>   |  |    |   |
| Principal Place of Business<br><b>1136 NEW YORK AVE.<br/>ST. CLOUD, FL 34769</b>   |  | Mailing Address<br><b>3361 WEST VINE ST<br/>SUITE 208<br/>KISSIMMEE, FL 34741</b>   |   |
| 2. Principal Place of Business - No P.O. Box #<br><b>102 PARK PLACE BLVD</b><br>Suite, Apt. #, etc. <b>D-2</b>   |  | 3. Mailing Address<br><b>102 PARK PLACE BLVD</b><br>Suite, Apt. #, etc. <b>D-2</b>  |   |
| City & State<br><b>KISSIMMEE FL</b>  |  | City & State<br><b>KISSIMMEE FL</b>   |   |
| Zip<br><b>34741</b>  | Country<br><b>USA</b>  | Zip<br><b>34741</b>   | Country<br><b>USA</b>   |
| 6. Name and Address of Current Registered Agent<br><br><b>FLORIDA ASSOCIATION MANAGEMENT, INC.<br/>C/O DOLLIE BOYD<br/>3361 WEST VINE ST SUITE 208<br/>KISSIMMEE, FL 34741</b>   |  | 7. Name and Address of New Registered Agent<br>Name <b>FLORIDA ASSOCIATION MANAGEMENT, INC.</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>870 DOLLIE BOYD</b><br><b>102 PARK PLACE BLVD - SUITE D-2</b><br>City <b>KISSIMMEE</b> <b>FL</b> Zip Code <b>34741</b> |   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |   |   |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees   |   |
| Make check payable to <b>Florida Department of State</b>   |  |   |   |
| <b>10. OFFICERS AND DIRECTORS</b>  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P</b><br><b>GROSS, C. N JR</b><br><b>1136 NEW YORK AVE.</b><br><b>ST. CLOUD, FL 34769</b> <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>V</b><br><b>GROSS, C. N III</b><br><b>1136 NEW YORK AVE.</b><br><b>ST. CLOUD, FL 34769</b> <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>ST</b><br><b>REESE, GLORIA J</b><br><b>1136 NEW YORK AVE.</b><br><b>ST. CLOUD, FL 34769</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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. |  |   |   |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  | Date <b>2/11/08</b> Daytime Phone # _____   |   |