2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# N06000005985

Entity Name: SANKSVILLE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

7360 COUNTY RD 208
ST AUGUSTINE, FL 32092

New Principal Place of Business:

7360 COUNTY ROAD 208
ST. AUGUSTINE, FL 32092 US

Current Mailing Address:

7360 COUNTY RD 208
ST AUGUSTINE, FL 32092

New Mailing Address:

7360 COUNTY ROAD 208
ST. AUGUSTINE, FL 32092 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Change (X) Addition
Name: SANKS, MARSHA
Address: 7360 COUNTY ROAD 208
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: D ( ) Change (X) Addition
Name: SANKS, MARSHA
Address: 7360 COUNTY ROAD 208
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: D ( ) Change (X) Addition
Name: GLASS, JERRY
Address: 7165 COUNTY ROAD 208
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: D ( ) Change (X) Addition
Name: PROCTOR, BARBARA
Address: 7125 COUNTY ROAD 208
City-St-Zip: ST. AUGUSTINE, FL 32092

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: MARSHA SANKS P 04/26/2007

Electronic Signature of Signing Officer or Director — Date