## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N37693

FILED Mar 18, 2009 Secretary of State

Entity Name: HOMEOWNERS OF THE SANCTUARY, INC.

Current Principal Place of Business: New Principal Place of Business:

4568 HELENA DRIVE 4557 HELENA DRIVE

TITUSVILLE, FL 32780 US TITUSVILLE, FL 32780 US

Current Mailing Address: New Mailing Address:

4568 HELENA DRIVE 4557 HELENA DRIVE

TITUSVILLE, FL 32780 US TITUSVILLE, FL 32780 US

FEI Number: 59-3085956 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCCABE, CHRISTOPHER T DOLLMATSCH, ARTHUR M 4568 HELENA DR. 4557 HELENA DR.

TITUSVILLE, FL 32780 US TITUSVILLE, FL 32780 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: ARTHUR M. DOLLMATSCH 03/18/2009

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: () Change () Addition

 Name:
 BARRETTA, JOE
 Name:

 Address:
 4575 HELENA DRIVE
 Address:

 City-St-Zip:
 TITUSVILLE, FL 32780
 City-St-Zip:

Title: V ( ) Delete Title: VP (X) Change ( ) Addition Name: ENTE, BOB Name: KOENIG, WILLIAM

Address: 4567 HELENA DR
City-St-Zip: TITUSVILLE, FL 32780

Name: ROENIG, WILLIAM
Address: 4576 HELENA DR
City-St-Zip: TITUSVILLE, FL 32780

Title: T () Delete Title: T (X) Change () Addition

 Name:
 MCCABE, CHRISTOPHER T
 Name:
 DOLLMATSCH, ARTHUR M

 Address:
 4568 HELENA DR.
 Address:
 4557 HELENA DR.

 City-St-Zip:
 TITUSVILLE, FL 32780
 City-St-Zip:
 TITUSVILLE, FL 32780

 $\label{eq:title:S} {\sf Title:S} \qquad \qquad {\sf S} \qquad {\sf (A) Change (A) Addition}$ 

Name: GONZALEZ-BONILLA, KEILAH Name: DOTSON, NANCY
Address: 4570 HELENA DR
City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip: TITUSVILLE, FL 32780

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: ARTHUR M. DOLLMATSCH T 03/18/2009