

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
 ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N40286 (9)
 1. Corporation Name
East Orlando Sanctuary Homeowners Association, Inc.

100002196521
-05/30/97--01101--002
*****61.25**

Principal Place of Business Mailing Address
c/o Attwood-Phillips, Inc. **c/o Attwood-Phillips, Inc.**
1350 Orange Ave, Ste 100 **P.O. Box 1208**
Winter Park, FL 32789 **Winter Park, FL 32790-1208**
US **US**

| | | | |
|--|--|---|--|
| 21. Principal Place of Business c/o Attwood-Phillips, Inc. | 26. Mailing Address c/o Attwood-Phillips, Inc. | 3. Date of Last Report 10/10/1990 | 3a. Date of Last Report 08/09/1996 |
| 22. Suite, Apt. #, etc. 1350 Orange Ave, Ste 100 | 27. Suite, Apt. #, etc. P.O. Box 1208 | 4. FEI Number 59-3185224 | Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 23. City & State Winter Park, FL | 28. City & State Winter Park, FL | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 24. Zip 32789 | 29. Zip 32790-1208 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 25. Country U.S. | 30. Country U.S. | 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | |
|--|--|--|--|---|------------------------|------------------------------|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| Attwood-Phillips, Inc. 1350 Orange Avenue Suite 100 Winter Park, FL 32789 | | | | 81. Name Attwood-Phillips, Inc. | | | |
| | | | | 82. Street Address (P.O. Box Number is Not Acceptable) 1350 Orange Avenue | | | |
| | | | | 83. Suite Suite 100 | | | |
| | | | | 84. City Winter Park | 85. State FL | 86. Zip Code 32789 | |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: **Sandra B. Mortham** (Attwood-Phillips, Inc.) **4/28/97**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 1.2 NAME | PD Gary Harris |
| STREET ADDRESS | | 1.3 STREET ADDRESS | 13808 Eagleridge Ct. |
| CITY - ST - ZIP | | 1.4 CITY - ST - ZIP | Orlando, FL 32826-2645 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 2.2 NAME | VD George Nulanz |
| STREET ADDRESS | | 2.3 STREET ADDRESS | 4385 King Edward Dr |
| CITY - ST - ZIP | | 2.4 CITY - ST - ZIP | Orlando, FL 32826 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 3.2 NAME | TD Jack Buescher |
| STREET ADDRESS | | 3.3 STREET ADDRESS | c/o Mercedes Homes, 3300 University Ave, Ste. 253 |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | Winter Park, FL 32792 |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 4.2 NAME | SD Wayne Walling |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 4367 King Edward Dr. |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | Orlando, FL 32826 |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 5.2 NAME | D Tonya Hood |
| STREET ADDRESS | | 5.3 STREET ADDRESS | c/o Demetree Builders, 3348 Edgewater Dr. |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | Orlando, FL 32804 |
| TITLE | <input checked="" type="checkbox"/> Addition | 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 6.2 NAME | D Karl Kanitz |
| STREET ADDRESS | | 6.3 STREET ADDRESS | 2601 S. Bayshore Dr. |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | Miami, FL 33133 |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: **[Signature]** **4/25/97**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-mo Phone #

CR2E037 (9/96)