

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90022 003 ****61.25

0015792

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N40286

1. Corporation Name
EAST ORLANDO SANCTUARY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business C/O ATTWOOD-PHILLIPS, INC 1350 ORANGE AVE STE 100 WINTER PARK FL 32789 CA	Mailing Address C/O ATTWOOD-PHILLIPS, INC P.O. BOX 1208 WINTER PARK FL 32790-1208
---	--



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/10/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3185224
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent ATTWOOD-PHILLIPS, INC 1350 ORANGE AVE SUITE 100 WINTER PARK FL 32789		10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City
			FL
			85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DUROCHER, MICHAEL		1.2 NAME	D JOHN BIRKNER
STREET ADDRESS 4012 ISLAND DR		1.3 STREET ADDRESS	4114 KING EDWARD
CITY-ST-ZIP ORLANDO FL 32826		1.4 CITY-ST-ZIP	ORLANDO, FL 32826
TITLE VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MULANZ, GEORGE		2.2 NAME	SD LYNN PLATT
STREET ADDRESS 4305 KING EDWARD DR		2.3 STREET ADDRESS	13619 SPRINGTIDE COURT
CITY-ST-ZIP ORLANDO FL 32826		2.4 CITY-ST-ZIP	ORLANDO, FL 32826
TITLE PD VD	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DESCHRYVER, DEAN		3.2 NAME	VD
STREET ADDRESS 4454 BROOKSTONE CT		3.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32826		3.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WALLING, WAYNE		4.2 NAME	PD
STREET ADDRESS 4367 KING EDWARD DR		4.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32826		4.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HORNER, JOHN		5.2 NAME	TD
STREET ADDRESS 4346 BOCA WOODS DR		5.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32826		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	D ADRIAN VANCE
STREET ADDRESS		6.3 STREET ADDRESS	4014 CORAL BROOKE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	ORLANDO, FL 32826

14. I 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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED *Wayne Walling* PRESIDENT (407) 644-4500
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)