

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40286

1. Entity Name

EAST ORLANDO SANCTUARY HOMEOWNERS ASSOCIATION, IN

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90083 019 ****61.25

Principal Place of Business

Mailing Address

C/O ATTWOOD-PHILLIPS, INC
 1350 ORANGE AVE STE 100
 WINTER PARK FL 32789
 CA

C/O ATTWOOD-PHILLIPS, INC
 P.O. BOX 1208
 WINTER PARK FL 32790-1208

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3185224

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ATTWOOD-PHILLIPS, INC
 1350 ORANGE AVE SUITE 100
 WINTER PARK FL 32789

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ~~D~~ Delete
 NAME: JOHN, BIRKNER
 STREET ADDRESS: 4114 KING EDWARD
 CITY-ST-ZIP: ORLANDO FL 32826

TITLE: SD Change Addition
 NAME: MELANIE DAVIS
 STREET ADDRESS: 4256 FOREST ISLAND DR.
 CITY-ST-ZIP: ORLANDO, FL 32826

TITLE: ~~SD~~ Delete
 NAME: ~~PLATT, LYNN~~
 STREET ADDRESS: ~~13610 SPRINGSIDE COURT~~
 CITY-ST-ZIP: ~~ORLANDO FL 32826~~

TITLE: D Change Addition
 NAME: GEORGE NULANZ
 STREET ADDRESS: 4385 KING EDWARD DR.
 CITY-ST-ZIP: ORLANDO, FL 32826

TITLE: ~~VD~~ Delete
 NAME: ~~BESCHRYVER, DEAN~~
 STREET ADDRESS: ~~4454 BROCKSTONE CT~~
 CITY-ST-ZIP: ~~ORLANDO FL 32826~~

TITLE: D Change Addition
 NAME: GREG MEISTRICH
 STREET ADDRESS: 4252 FOREST ISLAND DR.
 CITY-ST-ZIP: ORLANDO, FL 32826

TITLE: PD Delete
 NAME: WALLING, WAYNE
 STREET ADDRESS: 4367 KING EDWARD DR
 CITY-ST-ZIP: ORLANDO FL 32826

TITLE: Change Addition

TITLE: TD Delete
 NAME: HORNER, JOHN
 STREET ADDRESS: 4346 BOCA WOODS DR
 CITY-ST-ZIP: ORLANDO FL 32826

TITLE: VD Change Addition

TITLE: D Delete
 NAME: VANCE, ADRIAN
 STREET ADDRESS: 4014 CORAL BROOKE
 CITY-ST-ZIP: ORLANDO FL 32826

TITLE: TD Change Addition

12. 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 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.

SIGNATURE: *Wayne Walling* PRESIDENT

04/05/00 (407) 644-4500 x299

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)