

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000830

FILED
Apr 09, 2007
Secretary of State

Entity Name: THE SANCTUARY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1244 SE 7TH STREET
OCALA, FL 34471 US

New Principal Place of Business:

Current Mailing Address:

1244 SE 7TH STREET
OCALA, FL 34471 US

New Mailing Address:

FEI Number: 65-0470977 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INGRAM, THOMAS D
1244 SE 7TH STREET
OCALA, FL 34471 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: T () Delete
Name: INGRAM, THOMAS D
Address: 1244 SE 7TH STREET
City-St-Zip: Ocala, FL 34471

Title: S () Delete
Name: KERNAN, BILL
Address: 14275 SE 128TH STREET
City-St-Zip: Ocklawaha, FL 34478

Title: VPD () Delete
Name: DINGMAN, RUSSEL
Address: 2123 SW 20TH PLACE
City-St-Zip: Ocala, FL 344747034

Title: PD (X) Delete
Name: BRIGGS, BO
Address: 1444 SE 131ST PLACE
City-St-Zip: Ocklawaha, FL 32179

Title: VPD () Delete
Name: PEEK, ALBERT
Address: P.O. BOX 3988
City-St-Zip: Ocala, FL 34478

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS D. INGRAM

T

04/09/2007

Electronic Signature of Signing Officer or Director

_____ Date