

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 26, 2009  
Secretary of State**

DOCUMENT# N93000000830

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: 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:

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: THOMAS D. INGRAM

T

02/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date