

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002181

FILED
Apr 25, 2005
Secretary of State

Entity Name: THE SANCTUARY OF GAINESVILLE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6110-B NW 1ST PLACE
GAINESVILLE, FL 32607 US

New Principal Place of Business:

Current Mailing Address:

6110-B NW 1ST PLACE
GAINESVILLE, FL 32607 US

New Mailing Address:

FEI Number: 59-3362790

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAUSAMAN, JEFFREY
C/O ACTION REAL ESTATE SERVICES
6110-B NW 1ST PL
GAINESVILLE, FL 32607 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: SD () Delete
Name: SCHAFER, RENA
Address: 7104 NW 42ND LANE
City-St-Zip: GAINESVILLE, FL 32606

Title: TD () Delete
Name: ERBES, JOY
Address: 7107 NW 42ND LANE
City-St-Zip: GAINESVILLE, FL 32606

Title: D () Delete
Name: FIORDALISI, FRANK
Address: 7108 NW 41ST LANE
City-St-Zip: GAINESVILLE, FL 32606

Title: D () Delete
Name: BENDA, CARL
Address: 7118 NW 42ND LANE
City-St-Zip: GAINESVILLE, FL 32606

Title: PD () Delete
Name: FRAZER, FAYE
Address: 7115 NW 41ST LANE
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: LIMPert, SUSAN
Address: 7110 NW 43RD LANE
City-St-Zip: GAINESVILLE, FL 32606

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

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

Title: D (X) Change () Addition
Name: BURESCH, MARCIA
Address: 4212 NW 73RD TER
City-St-Zip: GAINESVILLE, FL 32606

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 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 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: FAYE FRAZER

P

04/25/2005

Electronic Signature of Signing Officer or Director

Date