

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90057 037 ****70.00

DOCUMENT # N95000002181					
1. Entity Name THE SANCTUARY OF GAINESVILLE OWNERS ASSOCIATION, INC.					
Principal Place of Business 6110-B NW 1ST PLACE GAINESVILLE, FL 32607 US			Mailing Address 6110-B NW 1ST PLACE GAINESVILLE, FL 32607 US		
2. Principal Place of Business - No P.O. Box # 4195 NW 71st Blvd		3. Mailing Address P O BOX 358859			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State GAINESVILLE FL		City & State GAINESVILLE FL		4. FEI Number 59-3362790	
Zip 32606		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAUSAMAN, JEFFREY C/O ACTION REAL ESTATE SERVICES 6110-B NW 1ST PL GAINESVILLE, FL 32607			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE SD	NAME LIMPERT, SUSAN	<input checked="" type="checkbox"/> Delete	TITLE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME RANA SCHAFER
STREET ADDRESS 7110 NW 43RD LANE	CITY-ST-ZIP GAINESVILLE, FL 32606		STREET ADDRESS 7104 NW 42ND LN	CITY-ST-ZIP GAINESVILLE FL 32606	
TITLE D	NAME ALFORD, LLOYD	<input type="checkbox"/> Delete	TITLE VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME LLOYD ALFORD
STREET ADDRESS 7118 NW 41ND LANE	CITY-ST-ZIP GAINESVILLE, FL 32606		STREET ADDRESS 7118 NW 41st Lane	CITY-ST-ZIP GAINESVILLE FL 32606	
TITLE TD	NAME FISK, DEBRA	<input checked="" type="checkbox"/> Delete	TITLE SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME FELIS LAUX
STREET ADDRESS 4308 NW 73RD TER	CITY-ST-ZIP GAINESVILLE, FL 32606		STREET ADDRESS 7103 NW 43rd Lane	CITY-ST-ZIP GAINESVILLE FL 32606	
TITLE VD	NAME BURESCH, MARCIA	<input checked="" type="checkbox"/> Delete	TITLE TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME JOY ERBES
STREET ADDRESS 4212 NW 73RD TER	CITY-ST-ZIP GAINESVILLE, FL 32606		STREET ADDRESS 7107 NW 42nd Lane	CITY-ST-ZIP GAINESVILLE FL 32606	
TITLE PD	NAME AHRENS, KATHERINE	<input checked="" type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 7017 NW 49TH TER	CITY-ST-ZIP GAINESVILLE, FL 32653		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Rana Schaffer</u>			1/30/2008 352 214 9000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		