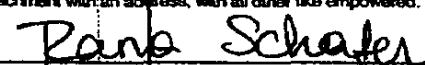


This A/R replaces 2008 A/R Accepted in error w/o
R/A designated. Jm 2/29

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

Amended -

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 Suite, Apt. #, etc.		3. Mailing Address PO BOX 358859 Suite, Apt. #, etc.	
City & State GAINESVILLE FL Zip 32606 Country US		City & State GAINESVILLE FL Zip 32635 Country US	
4. FEI Number 59-3362790		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		01112008 Chg-NP CR2E037 (12/06)	
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 JOY ERBES Street Address (P.O. Box Number is Not Acceptable) 7107 NW 42nd Lane City Gainesville FL Zip Code 32606	
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  DATE 2/29/08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signatures required when selecting 5.)			
Filing Fee is \$81.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 NAME STREET ADDRESS CITY-ST-ZIP	SD LIMPERT, SUSAN 7110 NW 43RD LANE GAINESVILLE, FL 32606 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT RANA SCHAFER 7104 NW 42ND LN Gainesville FL 32606 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALFORD, LLOYD 7118 NW 41ND LANE GAINESVILLE, FL 32606 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT LLOYD ALFORD 7118 NW 41st Lane Gainesville FL 32606 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FSK, DEBRA 4308 NW 73RD TER GAINESVILLE, FL 32606 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY KELLY LAURE 7103 NW 43rd Lane Gainesville FL 32606 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BURESCH, MARCIA 4212 NW 73RD TER GAINESVILLE, FL 32606 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER JOY ERBES 7107 NW 42nd Lane Gainesville FL 32606 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AHRENS, KATHERINE 7017 NW 49TH TER GAINESVILLE, FL 32653 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME 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: 		Date 1/30/2008 352 214 9000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	