

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91460 005 ****61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3362790**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAUSAMAN, D JEFFREY
6110-B NW 1ST PL
GAINESVILLE FL 32607**

Name **Rik Tenaglia c/o Action Realty.**
Street Address (P.O. Box Number is Not Acceptable)
6110-B NW 1st Place
City **Gainesville** FL Zip Code **32607**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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	PSD	<input checked="" type="checkbox"/> Delete
NAME	PERKINS, JIM	
STREET ADDRESS	7206 NW 42ND LANE	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TOWNSEND, WADE	
STREET ADDRESS	4321 NW 73RD TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LAUX, STEVE	
STREET ADDRESS	3473 NW 10TH AVE	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ERBES, JOY	
STREET ADDRESS	7107 NW 42ND LANE	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRAZER, FAYE	
STREET ADDRESS	7115 NW 41ST LANE	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rana Schafer	
STREET ADDRESS	7104 NW 42nd Lane	
CITY-ST-ZIP	Gainesville, FL 32606	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frank Fiordalisi	
STREET ADDRESS	7108 NW 41st Lane	
CITY-ST-ZIP	Gainesville, FL 32606	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carl Benda	
STREET ADDRESS	7118 NW 42nd Lane	
CITY-ST-ZIP	Gainesville, FL 32606	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: **Frank Fiordalisi**

4-9-03 375-3363

CR2E037 (10/02)