

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003724

FILED
Mar 11, 2008
Secretary of State

Entity Name: THE SANCTUARY ON SPRUCE CREEK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1190 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119 US

New Principal Place of Business:

Current Mailing Address:

1190 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119 US

New Mailing Address:

FEI Number: 59-3338117

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARKIN, MICHELE
1190 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119 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: DP () Delete
Name: CURRAN, JOHN
Address: 6105 SANCTUARY GARDEN BLVD
City-St-Zip: PORT ORANGE, FL 32128

Title: DVP () Delete
Name: CASADY, PIO
Address: 6048 SANCTUARY GARDEN BLVD.
City-St-Zip: PORT ORANGE, FL 32128

Title: DVP () Delete
Name: BOGDANOFF, JOHN
Address: 1315 OSPREY NEST
City-St-Zip: PORT ORANGE, FL 32128

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: CURRAN, JOHN
Address: 6105 SANCTUARY GARDEN BLVD
City-St-Zip: PORT ORANGE, FL 32128

Title: P (X) Change () Addition
Name: CASADY, PIO
Address: 6048 SANCTUARY GARDEN BLVD.
City-St-Zip: PORT ORANGE, FL 32128

Title: S/T (X) Change () Addition
Name: BOGDANOFF, JOHN
Address: 1315 OSPREY NEST
City-St-Zip: PORT ORANGE, FL 32128

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: MICHELE BARKIN

AGEN

03/11/2008

Electronic Signature of Signing Officer or Director

Date