

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000002193 (8)

1. Corporation Name

SANCTUARY LANE INC.



Principal Place of Business 692 SOUTH HIGHWAY 17-92 LONGWOOD FL 32750	Mailing Address 692 SOUTH HIGHWAY 17-92 LONGWOOD FL 32750
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3. Date Incorporated or Qualified

04/18/1996

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business 21 2588 AMAYA TERR. Suite, Apt. #, etc. 22 City & State 23 LAKE MARY, FL. Zip 24 32746 Country 25 SEMINOLE	2a. Mailing Address 26 2588 AMAYA TERR. Suite, Apt. #, etc. 27 City & State 28 LAKE MARY FL. Zip 29 32746 Country 30 SEMINOLE
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5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

SILVEY, DAVID S SR
692 SOUTH HIGHWAY 17-92
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name SILVEY, DAVID S. SR.
82 Street Address (P.O. Box Number is Not Acceptable) 2588 AMAYA TERRACE
83
84 City LAKE MARY FL
85 Zip Code 32746

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE

David S. Silvey Sr.

DAVID S. SILVEY SR. DIRECTOR

7-18-98

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

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVEY, DAVID S 6925 HIGHWAY 17-92 LONGWOOD FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRUNIOUS, TERRIE 146 LAGO VISTA BLVD CASSELBERRY FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GIAL, NICOLE 146 LAGO VISTA BLVD. CASSELBERRY FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D SILVEY, DAVID S. SR. 2588 AMAYA TERRACE LAKE MARY, FL. 32746 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	T RICK HOILET 1711 PINE RIDGE ROAD SANFORD, FL. 32773 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	T MARGARET BRIAN 3507 CURTIS DRIVE APOPKA, FL. 32703 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David S. Silvey Sr.* DAVID S. SILVEY SR 7-18-98 (407)321-4109

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)