

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002607

FILED  
Apr 25, 2007  
Secretary of State

**Entity Name:** THE SANCTUARY AT SYMPHONY ISLES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O JEFFREY C. SHANNON  
501 E KENNEDY BLVD SUITE 1700  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

C/O JEFFREY C. SHANNON  
501 E KENNEDY BLVD SUITE 1700  
TAMPA, FL 33602

**New Mailing Address:**

**FEI Number:** 03-0393893

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHANNON, JEFFREY C  
501 E KENNEDY BLVD SUITE 1700  
TAMPA, FL 33602 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: P/D ( ) Delete  
Name: CURTIS, ROBERT T  
Address: 3333 WEST KENNEDY BLVD., SUITE 206  
City-St-Zip: TAMPA, FL 33609 US

Title: V/D ( ) Delete  
Name: CURTIS, WILLIAM P  
Address: 3333 WEST KENNEDY BLVD., SUITE 206  
City-St-Zip: TAMPA, FL 33609 US

Title: T/D ( ) Delete  
Name: BRONSTEIN, STEPHEN H  
Address: 1311 APOLLO BEACH BLVD.  
City-St-Zip: APOLLO BEACH, FL 33572 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ROBERT T. CURTIS

P

04/25/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date