

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morman
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **N04924** (9)

95 MAY - 1 11 8:56

COBB'S LANDING COMMUNITY ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 4131 GUNN HWY TAMPA FL 33624 US
Mailing Address: 4131 GUNN HWY TAMPA FL 33624 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business: 21
2a. Mailing Address: 26
State, Apt. #, etc.: 22
27
City & State: 23
28
Zip: 24 Country: 25 Zip: 29 Country: 30

3. Date Incorporated or Qualified: 08/30/1984
3a. Date of Last Report: 03/21/1994
4. FEI Number: 59-2449838
Applied For: Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status: \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
GREENACRE PROPERTIES
4131 GUN HWY
TAMPA FL 33624

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ (Signature of Registered Agent required when registering) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------|---|----------------------------|
| TITLE | SD | 1.1 TITLE | T-D |
| NAME | MCCORMICK, CHERYL | 1.2 NAME | AVOY, TAYLLIS |
| STREET ADDRESS | 3377 LANDING CT | 1.3 STREET ADDRESS | 3710 WOODRIDGE PLACE |
| CITY, ST, ZIP | PALM HARBOR FL | 1.4 CITY, ST, ZIP | PALM HARBOR, FL 33664 |
| TITLE | PD | 2.1 TITLE | P-D |
| NAME | BLOOM, SUZANNE | 2.2 NAME | NETZ BAND, CHRIS TORNER |
| STREET ADDRESS | 3628 WOODRIDGE PL | 2.3 STREET ADDRESS | 5398 WESTCOTT DR |
| CITY, ST, ZIP | PALM HARBOR FL | 2.4 CITY, ST, ZIP | PALM HARBOR, FL |
| TITLE | VD | 3.1 TITLE | VP-D |
| NAME | CERWIN, GEORGE | 3.2 NAME | HOLCOMBE, LYNN |
| STREET ADDRESS | 2401 PINNACLE CT N | 3.3 STREET ADDRESS | 2302 PINNACLE CIRCLE NORTH |
| CITY, ST, ZIP | PALM HARBOR FL | 3.4 CITY, ST, ZIP | PALM HARBOR, FL |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY, ST, ZIP | | 4.4 CITY, ST, ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY, ST, ZIP | | 5.4 CITY, ST, ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY, ST, ZIP | | 6.4 CITY, ST, ZIP | |

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or a person empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 of this report as a director, officer or attachment with an address.

SIGNATURE: *Christopher Byrd*
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

3/20/95