


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 18 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N04924 (9)**  
1. Corporation Name  
**COBB'S LANDING COMMUNITY ASSOCIATION, INC.**



Principal Place of Business <b>4131 GUNN HWY TAMPA FL 33624 US</b>	Mailing Address <b>4131 GUNN HWY TAMPA FL 33624 US</b>
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3. Date Incorporated or Qualified  
**08/30/1984**

4. FEI Number <b>59-2449838</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

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  
**GREENACRE PROPERTIES  
4131 GUN HWY  
TAMPA FL 33624**

10. Name and Address of New Registered Agent

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>DANA, JAMES H</b> <b>2852 LANDING WAY</b> <b>PALM HARBOR FL 34684</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>MOREE, LELAND III</b> <b>2522 STILLWATER CT</b> <b>PALM HARBOR FL 34684</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>HOLCOMBE, LYNN</b> <b>2302 PINNACLE CIRCLE, N</b> <b>PALM HARBOR FL</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ERIC Schuamberger</b> <b>3560 SHORELINE CIRCLE</b> <b>Palm Harbor</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Guislaine Declert</b> <b>3333 Landing way</b> <b>Palm Harbor</b> <input checked="" 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>S/T/D James Sainsbury</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2245 Pinnacle Circle S.</b> <b>Palm Harbor, FL 34684</b>
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>D/VP Guislaine Declert</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3333 Landing way</b> <b>Palm Harbor, FL 34684</b>
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>P/D Eric Schuamberger</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>3560 Shoreline Cir</b> <b>Palm Harbor, FL 34684</b>
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: Eric Schuamberger 1/12/98

CP2E037 (10/97)