

FILED
May 06, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N04924
 1. Corporation Name
COBB'S LANDING COMMUNITY ASSOCIATION, INC.

Principal Place of Business 4131 GUNN HWY TAMPA FL 33624 US	Mailing Address 4131 GUNN HWY TAMPA FL 33624 US
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2. Principal Place of Business 21 1050 A ELW PKWY	2a. Mailing Address 26 1050 A ELW PKWY	3. Date Incorporated or Qualified 08/30/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2449838
City & State 23 OLDSMAR, FL	City & State 28 OLDSMAR, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 34677	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent GREENACRE PROPERTIES 4131 GUNN HWY TAMPA FL 33624	81 Name DOMINICK SCANNAVINO
	82 Street Address (P.O. Box Number is Not Applicable) 1050 A ELW PKWY
	83
	84 City OLDSMAR

11. Pursuant to the provisions of Sections 617.0501 and 617.1506, 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: *Domnick Scannavino* DATE: **4-30-99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE STD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD LAURENT, GEORGE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SAINSBURY, JAMES		1.2 NAME 3377 LANDING CT.	
STREET ADDRESS 2245 PINNACLE CIR SOUTH		1.3 STREET ADDRESS PALM HARBOR FL 34684	
CITY-ST-ZIP PALM HARBOR FL 34684		1.4 CITY-ST-ZIP	
TITLE PVP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VB HOLZMACHER, FADIA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DECLERT, GUISLANE		2.2 NAME 3572 WOODLIDGE PL	
STREET ADDRESS 3333 LANDING WAY		2.3 STREET ADDRESS PALM HARBOR FL 34684	
CITY-ST-ZIP PALM HARBOR FL 34684		2.4 CITY-ST-ZIP	
TITLE PD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE TD SPICHER, CRAIG	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SCHUAMBERGER, ERIC		3.2 NAME 2136 PINNACLE CIRCLE N	
STREET ADDRESS 3560 SHORELINE CIR		3.3 STREET ADDRESS PALM HARBOR FL 34684	
CITY-ST-ZIP PALM HARBOR FL 34684		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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, with all other like empowered.

SIGNATURE: *Domnick Scannavino* SIGNATURE REQUIRED DATE: **(727) 789-1284** DAYTIME PHONE #

CR2E037 (11/98)