

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 15 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N04927** (2)

1. Corporation Name

THE SANCTUARY AT COBB'S LANDING HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% GREENACRE PROPERTIES
4131 GUNN HIGHWAY
TAMPA FL 33624

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4131 GUNN HIGHWAY
TAMPA FL 33624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/30/1984	3a. Date of Last Report 03/24/1994
4. FEI Number 59-2449837	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

GREENACRE PROPERTIES INC
4131 GUNN HIGHWAY
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	BLOOM, SUZANNE
STREET ADDRESS	3828 WOODRIDGE PL
CITY-ST-ZIP	PALM HARBOR FL
TITLE	VD
NAME	OLIVEIRA, BEUSA
STREET ADDRESS	3701 WOODRIDGE PL
CITY-ST-ZIP	PALM HARBOR FL
TITLE	TD
NAME	SPADY, RICHARD
STREET ADDRESS	3886 WOODRIDGE PL
CITY-ST-ZIP	PALM HARBOR FL 34684
TITLE	D
NAME	DAVIS, MARK
STREET ADDRESS	2523 STILLWATER CT
CITY-ST-ZIP	PALM HARBOR FL 34684
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Phyllis Avoy	
1.3 STREET ADDRESS	3710 Woodridge Pl	
1.4 CITY-ST-ZIP	Palm Harbor, FL 34684	
2.1 TITLE	Vice President (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	John Dero	
2.3 STREET ADDRESS	2545 Stillwater Ct	
2.4 CITY-ST-ZIP	Palm Harbor, FL 34684	
3.1 TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Secretary (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Lisa Morice	
4.3 STREET ADDRESS	2522 Stillwater Ct	
4.4 CITY-ST-ZIP	Palm Harbor FL 34684	
5.1 TITLE	Director (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Michael Sobel	
5.3 STREET ADDRESS	3547 Shoreline Circle	
5.4 CITY-ST-ZIP	Palm Harbor, FL 34684	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: 2/14/95