

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N04927** (2)

1. Corporation Name

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



Principal Place of Business: % GREENACRE PROPERTIES, 4131 GUNN HIGHWAY, TAMPA FL 33624  
Mailing Address: % GREENACRE PROPERTIES, 4131 GUNN HIGHWAY, TAMPA FL 33624

3. Date Incorporated or Qualified: **08/30/1984**  
3a. Date of Last Report: **03/15/1995**  
4. FEI Number: **59-2449837**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24)  
2a. Mailing Address (25-28)  
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 (81-85)  
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 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 reconstituting)

12. OFFICERS AND DIRECTORS

TITLE	<b>RTD</b>	<input type="checkbox"/> DELETE
NAME	<b>AVOY, PHYLIS</b>	
STREET ADDRESS	<b>3710 WOODRIDGE PL</b>	
CITY - ST - ZIP	<b>PALM HARBOR FL</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DERO, JOHN</b>	
STREET ADDRESS	<b>2545 STILLWATER CT</b>	
CITY - ST - ZIP	<b>PALM HARBOR FL</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SPADY, RICHARD</b>	
STREET ADDRESS	<b>3686 WOODRIDGE PL</b>	
CITY - ST - ZIP	<b>PALM HARBOR FL 34684</b>	
TITLE	<b>SP</b>	<input type="checkbox"/> DELETE
NAME	<b>MOREE, LEE</b>	
STREET ADDRESS	<b>2522 STILLWATER CT</b>	
CITY - ST - ZIP	<b>PALM HARBOR FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>SOBEL, MICHAEL</b>	
STREET ADDRESS	<b>3547 SHORELINE CIR</b>	
CITY - ST - ZIP	<b>PALM HARBOR FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>SP</b>
6.3 STREET ADDRESS	<b>PAT MARTIN</b>
6.4 CITY - ST - ZIP	<b>3411 WOODRIDGE PL, PALM HARBOR, FL. 34684</b>

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked for on an attachment with an address.

SIGNATURE: \_\_\_\_\_ Date: **2-8-96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Leland E. Moree, III, Pres. Sanctuary**

CR2E037 (12/95)