

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 # N04927 (2)**  
1. Corporation Name  
**THE SANCTUARY AT COBB'S LANDING HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>% GREENACRE PROPERTIES 4131 GUNN HIGHWAY TAMPA FL 33624</b>	Mailing Address <b>% GREENACRE PROPERTIES 4131 GUNN HIGHWAY TAMPA FL 33624</b>
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3. Date Incorporated or Qualified <b>08/30/1984</b>		
4. FEI Number <b>59-2449837</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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>

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  
**FL** **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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when relating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <b>TD</b>	NAME <b>AVOY, PHRLIS</b>	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>3710 WOODRIDGE PL</b>	CITY-ST-ZIP <b>PALM HARBOR FL</b>	1.2 NAME
TITLE <b>SD</b>	NAME <b>MARTIN, PAT</b>	1.3 STREET ADDRESS
STREET ADDRESS <b>3611 WOODRIDGE PL</b>	CITY-ST-ZIP <b>PALM HARBOR FL</b>	1.4 CITY-ST-ZIP
TITLE <b>P</b>	NAME <b>MOREE, LEE</b>	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>2522 STILLWATER CT</b>	CITY-ST-ZIP <b>PALM HARBOR FL</b>	2.2 NAME
TITLE <b>VPD</b>	NAME <b>SOBEL, MICHAEL</b>	2.3 STREET ADDRESS
STREET ADDRESS <b>3547 SHORELINE CIR</b>	CITY-ST-ZIP <b>PALM HARBOR FL</b>	2.4 CITY-ST-ZIP
TITLE <b>P</b>	NAME <b>ERIC Schwamberger</b>	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>3560 Shoreline Circle</b>	CITY-ST-ZIP <b>Palm Harbor FL</b>	3.2 NAME
TITLE <b>VP</b>	NAME <b>FADIA Holzmacher</b>	3.3 STREET ADDRESS
STREET ADDRESS <b>3572 woodridge PKY</b>	CITY-ST-ZIP <b>Palm Harbor FL</b>	3.4 CITY-ST-ZIP
TITLE <b>P</b>	NAME <b>LYNDA Laster</b>	4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>3566 Shoreline Cir</b>	CITY-ST-ZIP <b>Palm Harbor FL</b>	4.2 NAME
TITLE <b>VP</b>	NAME <b>FADIA Holzmacher</b>	4.3 STREET ADDRESS
STREET ADDRESS <b>3572 woodridge PKY</b>	CITY-ST-ZIP <b>Palm Harbor FL</b>	4.4 CITY-ST-ZIP
TITLE <b>P</b>	NAME <b>LYNDA Laster</b>	5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>3566 Shoreline Cir</b>	CITY-ST-ZIP <b>Palm Harbor FL</b>	5.2 NAME
TITLE <b>VP</b>	NAME <b>FADIA Holzmacher</b>	5.3 STREET ADDRESS
STREET ADDRESS <b>3572 woodridge PKY</b>	CITY-ST-ZIP <b>Palm Harbor FL</b>	5.4 CITY-ST-ZIP
TITLE <b>P</b>	NAME <b>LYNDA Laster</b>	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>3566 Shoreline Cir</b>	CITY-ST-ZIP <b>Palm Harbor FL</b>	6.2 NAME
TITLE <b>VP</b>	NAME <b>FADIA Holzmacher</b>	6.3 STREET ADDRESS
STREET ADDRESS <b>3572 woodridge PKY</b>	CITY-ST-ZIP <b>Palm Harbor FL</b>	6.4 CITY-ST-ZIP

**ALIK Alidina**  Change  Addition  
**3513 Shoreline Cir**  
**Palm Harbor, FL 34684**

**Eric Schwamberger**  Change  Addition  
**3560 Shoreline Circle**  
**Palm Harbor, FL 34684**

**FADIA Holzmacher**  Change  Addition  
**3572 woodridge PKY**  
**Palm Harbor, FL 34684**

**LYNDA Laster**  Change  Addition  
**3566 Shoreline Cir**  
**Palm Harbor, FL 34684**

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 Schwamberger* DATE: **1/12/97**

CR2E037 (10/97)