FILE NOW: FILING FEE IS \$61.25

NONPROFIT , CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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

05-06-1999 90168 002 ****61.25

DOCUMENT # NO4927

1. Corporation Name

THE SANCTUARY AT COBB'S LANDING HOMEOWNERS' ASSO CIATION, INC.

Principal Place of Business

% GREENACRE PROPERTIES 4131 GUNN HIGHWAY TAMPA FL 33624

Mailing Address

% GREENACRE PROPERTIES 4131 GUNN HIGHWAY TAMPA FL 33624

2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualifed					
21 1050 A ELW PKWY. 26 1050 A ELW PKWY 08/30/1984					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number Applied For	_
22		27	<u> </u>	59-2449837 Not Applicable	4
City & Stat	SMAR FL	City & State 28 0人フェMAI	e FL	5. Certifcate of Status Desired \$8.75 Additional Fee Required	
Zip Country Zip			Country	6. Election Campaign Financing \$5.00 May Be	
24346	フ フ· 25	29 946//3	0	Trust Fund Contribution Added to Fees	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
181 Name NICK SCANAJINO					
GREENACRE PROPERTIES INC			82 Street	Address (P.Q. Box Number is Not Acceptable)	1
4131 GUNN HIGHWAY			/O	OHELWPKWY	-
TAMPA FL 33624					
84 City S S Zip Code					
1 1 1 1 1 1 1 1 1 1					
11. Pursuant to the provisions of Sections 617,0902 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 612,0503, Florida Statutes.					
agent. I am farrilliar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
GIONATURE IVI MINI M. A.					
12.	Signature, typed or printed name of registered agent a OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	- ĕ
TITLE	SD	□ DELETE		TO MAJES	(11/08)
NAME	ALIF, ALIDINA	_	1.2 NAME	WALL, DAVID CIECLEN	
STREET ADDRESS	3513 SHORELINE CIR		1.3 STREET ADDRESS	2277 PINNACLE	8
CITY-ST-ZIP	PALM HARBOR FL 34684		1.4 CITY-ST-ZIP	WALL, DAVID WALL WALL WALL WALL WALL WALL WALL WAL	700E007
TITLE	DP	☐ DELETE	2.1 TITLE	N VP T	7 5
NAME	SCHUAMBERGER, ERIC		2.2 NAME		
STREET ADDRESS	3560 SHORELINE CIR		2.3 STREET ADDRESS		}
CITY-ST-ZIP	PALM HARBOR FL 34684		2.4 CITY+ST-ZIP		
TITLE	VPDT	☐ DELETE	3.1 TITLE	P	7
NAME	FADIA, HOLZMACHER		3.2 NAME	•	
STREET ADDRESS	3572 WOODRIDGE PKWY		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL 34684		3.4. CITY-ST-ZIP		4
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition	' [
NAME	CANTER, LYNDA		4. 2 NAME	HAMILL, SUE 3477 SHOKELINE CIRCLE 1417 HARBOR FL 34684	
STREET ADDRESS	3566 SHORELINE CIR		4.3 STREET ADDRESS	3477 SAURELINE C. 24LXL	
CITY-ST-ZIP	PALM HARBOR FL 34684		4.4 CITY-ST-ZIP	PALM HAKBOR PL SYBUY	_
TITLE		☐ DELETE	5.1 TITLE	Change Addition	1
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP 6.1 TITLE	☐ Change ☐ Addition	\exists
TITLE		☐ DELETE	i i	☐ Change ☐ Addition	']
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		1
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

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