2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04927 1. Entity Name

THE SANCTUARY AT COBB'S LANDING HOMEOWNERS' ASSO

Principal Place of Business	Mailing Address					
1050 A ELW PKWY OLDSMAR FL 34677 US	1050 A ELW PKWY OLDSMAR FL 34677 US					
2. Principal Place of Business	3. Mailing Address					
Suite, Apt. #, etc.	Suite, Apt. #, etc.					
City & State	City & State					

Apr 29, 2000 8:00 am Secretary of State 04-29-2000 90015 045 ****61.25

1050 A ELW PO OLDSMAR FL S US		1050 A ELW PKWY OLDSMAR FL 34677. US		į	((((((((((((((((((((. 41) 88(H 810(B)0(H (1811)8	a l a lski alabi	e:6(† 6:6)(ð)	8() 810() 18 7 (
2. Principal P	lace of Business	of Business 3. Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WRITE	IN THIS SF	PACE		
City & State City & Sta		City & State	ale		4. FEI Number 59-2449837				pplied For	ı
7i	Country	Zip	Country					Not Applicable \$8.75 Additional		
Zip	Country	Ι ΣΙΡ	Codinity	1	5. Certificate	of Status Desired		ee Require		
·	6. Name and Address of Current	Registered Agent			7. Name and	Address of New Reg	istered Ag	gent		ii.
			Name							ì
004515444	NO DOMESTIC		Street A	Address (P.	O. Box Numb	er is Not Acceptable)		_		i
	INO, DOMINICK							_		i
1050 A EL OLDSMAR										
OLDSWAR	1 L 340//		City				FL	Zip Cod	de	
8. The above	named entity submits this statement for	or the purpose of changing its r	registered office o	or registere	d agent, or bo	th, in the state of Floric	la.	1.		i
	•									1
										1
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	: Registered Agent signa	ature required w	when reinstating)		DATE			i
					-	1				_
	FILE NOW:	9. Election Campaign	Financing	\$5.00	May Be	Make (Check Pa	avable to	0	ì
	FEE IS \$61.25	,			ed to Fees Department of State					
										i
10.	OFFICERS AND DI		11.			ANGES TO OFFICERS				<u></u> €
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NAME STREET ADDRESS	ALIF, ALIDINA		NAME STREET ADDRESS					RCL	5	37 (
CITY-ST-ZIP	3513 SHORELINE CIR PALM HARBOR FL 34684		CITY-ST-ZIP	DA	1 m h	LARBOR,	FL	344	(84°	띭
TITLE	DVT	⊠ Delete	TITLE	VP	<u> </u>	LARBOR, LARBOR, LIP DDRIDGE	<u> </u>	☐ Change	Addition	S
NAME	SCHUAMBERGER, ERIC	Delete	NAME	1300	TH.CH	FIFE	PI		~	!
STREET ADDRESS	3560 SHORELINE CIR		STREET ADDRESS	374	8 WO.	10000	/,	341	04	i
CITY-ST-ZIP	PALM HARBOR FL 34684									1
TITLE" -	P	□ Delete	TITLE	7	Z. 1 10	ILLIAM CELINE C	~ -	Change	Addition	1
NAME	FADIA, HOLZMACHER		NAME	NOG	2716	ELINE C	IRCL	£		1
STREET ADDRESS	3572 WOODRIDGE PKWY		STREET ADDRESS CITY-ST-ZIP	13.2%	0116	RBOR, F	L 3	SL X	14	l
CITY-ST-ZIP	PALM HARBOR FL 34684	N Salar	HILE	3	11 140	TOURL,		Change	Addition	1
TITLE NAME	D Canter, Lynda	Delete	NAME	1/26	Z_MAC	HER FI	921			l
STREET ADDRESS	3566 SHORELINE CIR		STREET ADDRESS	300	ZWOO	HERE	PKU	ر ن	. 1	l
CITY-ST-ZIP	PALM HARBOR FL 34684		CITY-ST-ZIP	PAL	m LH	ABOR, F	レ 3	468	Ψ	
TITLE	D	. Delete	TITLE	3	٠, ١,٠	· M \	/ '	Change	Add Add	
NAME	WALL, DAVID	•	NAME	BEE	BEN 8	ZON FR	LUR	*	(X)	^
STREET ADDRESS	2277 PINNACLE CIR N		STREET ADDRESS	258	ソヘタ	100 XA	2	/3\	L84	1
CITY-ST-ZIP	PALM HARBOR FL 34684		CITY-ST-ZIP	KAL	1/10/1/	MULTON -	100		<u> </u>	7
TITLE	D	🔀 Delete	TITLE		DAVIO	CORDEA		☐ Change	Addition	Į
NAME STREET ADDRESS	HAMILL, SUE		NAME STREET ADDRESS		3596	WOODRIS HAPBOR, F	EP			l
STREET ADDRESS CITY-ST-ZIP	3477 SHORELINE CIR		CITY-ST-ZIP		PALM	HAPBOK, F	~ 3	4684	,	ı I
	PALM HARBOR FL 34684	h this filing does not qualify for		ated in Sec		·		fy that the	information	ı
iz. increby	certify that the information supplied with	a true and accurate and that m	w signature chall l	have the st	ame legal offer	rt as if made under oa	the that I an	n an Office	r or director	1

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #