2002 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # N04927

1. Entity Name

Principal Place of Business

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

RAMPART PROPERTIES
10033 9TH STREET N. 2ND FLOOR
SAINT PETERSBURG FL 33716
US

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10033 9TH STREET N. 2ND FLOOR
SAINT PETERSBURG FL 33716
US

2. Principal Place of Business
3. Mailing Address

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90137 032 ****61.25

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2. Principal Place of Business			3. Malling Address										
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City	City & State				4. FEI Number Applied For Applied For					
Zio Countre				7in County				59-2449837 Not Applicable					
Zip Country			ZIP	Zip		Country		5. Certificate of Status Desired See Required Fee Required					
	6. Name	and Address of Current	Registere	d Agent	<u> </u>			7. Name and Add	Iress of New i	Registered			
						Name	_						
A. 1887. 1						Street Address (P.O. Box Number is Not Acceptable)							
	Guite, Apt. #, etc. City & State Country 6. Name and Address of Current Register 7. Name and Address of Current Register 8. Name and Address of Current Register 9. Name and Address of Current Reg			Sirest Address (P.O. Box Number is Not Acceptable)						
					<u>-</u>								
				City							Zip Cod	de	
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8. The above	e named entity	y submits this statement for	r the purpo	se of changing its	registere	ed office o	r register	ed agent, or both, in	the state of Flo	orida.			
CIONATURE													
SIGNATURE		or printed name of registered agent a	and title if appl	icable. (NOTE	E: Registered	Agent signa	ture required	when reinstating)		DATE			
									· · · · · · · · · · · · · · · · · · ·				
EU E NOW, EEE 10 Act of				Election Campaign Financing Trust Fund Contribution.				фг оо -	34.	alea Obaal	. Damahia		
FILE NOW: FEE IS \$61.25								\$5.00 May Be Added to Fees	Make Check Payable to Department of State				
								710000 10 7 000	•	Jehai (ilie	iii Vi Stat	C	
10.		OFFICERS AND DIR	RECTORS		11.		-	ADDITIONS/CHANG	ES TO OFFICE	RS AND DI	RECTORS IN	V 10	
TITLE	Р			Delete	TITLE		PD		******		☐ Change	XX Addition	
NAME					NAME		Ric	hard Tray	nor			_	
STREET ADDRESS	10033 9TH	STREET N, 2ND FLOO)R		STREI	T ADDRESS	100	33 Ninth	Street			ı	
CITY-ST-ZIP	SAINT PET	ERSBURG FL 33716			CITY-	ST-ZIP	st.	Petersbu	rg, FL	33	716		
TITLE				Delete	TITLE		STD				☐ Change	Addition	
NAME				•	NAME			Trbovich				••	
STREET ADDRESS			OR			T ADDRESS	100	33 Ninth	Street	Nort]	h	ĺ	
CITY-ST-ZIP	SAINT PET	ERSBURG FL 33716			CITY-	ST-ZIP		Petersbu					
TITLE	T			☐ Delete	TITLE		VPD				X Change	☐ Addition	
NAME					NAME								
			OR			T ADDRESS							
CITY-ST-ZIP		EHSBURG FL 33716			-	ST-ZIP	<u> </u>				_		
TITLE	-	MENE		Delete	TITLE						Change	Addition	
			20		NAME								
CITY-ST-ZIP			JK			T ADDRESS ST-ZIP							
		ENODUNG FL 33/ IB		~	-	GT-ZIF							
TITLE	_	IID		Delete	TITLE						Change	☐ Addition	
NAME STREET ADDRESS		ACLE CIR N			NAME	T ADDRESS							
CITY-ST-ZIP		BOR FL 34684			1	T AUDHESS ST-ZIP							
	D D	DON FL 34004		V	-	LII							
TITLE NAME	HOLZMACH	JED EADIA		Delete	TITLE NAME	i					Change	☐ Addition	
		DRIGE PKWY			•	T ADDRESS							
CITY-ST-ZIP		BOR FL 34684			•	ST-ZIP							
		information supplied with t	this filing o	loes not qualify for	_		ed in Son	ction 110 07/2\/i\ Fta	rida Statutas	further ac	ifu that the i	oformation	
indiantad			and ming t	TTO NOT HOURS TO	37611	Part stat		2001 1 10.07 (O)(I)1 FIC	nua vialules.	control cert	ny unature fi	iiOrrijatiOrr	

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

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.24.0

ססכב דרפדב