


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90107 046 ****61.25

DOCUMENT # N04927

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



Principal Place of Business
**3527 PALM HARBOR BLVD
 PALM HARBOR, FL 34683 US**

Mailing Address
**P.O. BOX 1418
 PALM HARBOR, FL 34682 US**

2. Principal Place of Business - No P.O. Box #
3684 TAMPA RD

3. Mailing Address
3684 TAMPA RD

Suite, Apt. #, etc.
6

Suite, Apt. #, etc.
STEG

City & State
Oldsmar FL

City & State
Oldsmar FL

Zip
34677

Country
USA

Zip
34677

Country
USA



02242007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent

**HANSON, JACK B
 MELROSE MANAGEMENT GROUP
 3527 PALM HARBOR BLVD
 PALM HARBOR, FL 34683**

4. FEI Number
59-2449837

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name **Charla Galbraith**

Street Address (P.O. Box Number is Not Acceptable)
**c/o Heritage Property Management, Inc
 3684 Tampa Rd, Suite 6**

City **Oldsmar** **FL** Zip Code **34677**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Charla Galbraith, Agent* DATE **3/6/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

CHARLA J. GALBRAITH, AGENT

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRBOVICH, PAM 2332 WATERVIEW COURT PALM HARBOR, FL 34684	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BALEN, STEVE 3541 SHORELINE CIRCLE PALM HARBOR, FL 34684	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOLOHAN, GARY 3535 SHORELINE CIR PALM HARBOR, FL 34684	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TURRYNA, RICHARD 3540 SHORELINE CIRCLE PALM HARBOR, FL 34684	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, LINDA 3556 SHORELINE CIRCLE PALM HARBOR, FL 34684	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Larry H. Bisgrove 3534 Shoreline Circle Palm Harbor, FL 34684	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Pamela Annick Trbovich Pres 2/28/07* Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR