


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # N04927</b> 1. Entity Name <b>THE SANCTUARY AT COBB'S LANDING HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>3527 PALM HARBOR BLVD PALM HARBOR, FL 34683 US</b>				Mailing Address <b>P.O. BOX 1418 PALM HARBOR, FL 34682 US</b>	
2. Principal Place of Business - No P.O. Box # <b>3684 TAMPA RD</b>		3. Mailing Address <b>3684 TAMPA RD</b>			
Suite, Apt. #, etc. <b>6</b>		Suite, Apt. #, etc. <b>STE 6</b>			
City & State <b>Oldsmar FL</b>		City & State <b>Oldsmar FL</b>			
Zip <b>34677</b>		Country <b>USA</b>		Zip <b>34677</b>	
Country <b>USA</b>		Country <b>USA</b>			
6. Name and Address of Current Registered Agent  <b>HANSON, JACK B MELROSE MANAGEMENT GROUP 3527 PALM HARBOR BLVD PALM HARBOR, FL 34683</b>				7. Name and Address of New Registered Agent Name <b>Charla Galbraith</b> Street Address (P.O. Box Number is Not Acceptable) <b>c/o Heritage Property Management, Inc 3684 Tampa Rd, Suite 6</b> City <b>Oldsmar</b> <b>FL</b> Zip Code <b>34677</b>	
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 <i>Charla Galbraith, Agent</i> DATE <b>3/6/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<b>DST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D Larry H. Bisgrove 353A Shoreline Circle Palm Harbor, FL 34684</b> <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.					
<b>SIGNATURE:</b> <i>Pamela Annick Trbovich Pres</i> <b>2/28/07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					