


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90028 013 ****61.25

DOCUMENT # N04927
 1. Entity Name
THE SANCTUARY AT COBB'S LANDING HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
3684 TAMPA RD.
6
OLDSMAR, FL 34677 US

Mailing Address
3684 TAMPA RD.
6
OLDSMAR, FL 34677 US



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03142008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
59-2449837

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GALBRAITH, CHARLA
C/O HERITAGE PROPERTY MANAGEMENT, INC.
3684 TAMPA RD, SUITE 6
OLDSMAR, FL 34677

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

Filing Fee is \$61.25
Due by May 1, 2008

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **TRBOVICH, PAM**
 STREET ADDRESS **2332 WATERVIEW COURT**
 CITY-ST-ZIP **PALM HARBOR, FL 34684**

TITLE Change Addition

TITLE **VPD** Delete
 NAME **BALEN, STEVE**
 STREET ADDRESS **3541 SHORELINE CIRCLE**
 CITY-ST-ZIP **PALM HARBOR, FL 34684**

TITLE **PD** Change Addition
 NAME
 STREET ADDRESS **3684 TAMPA RD. STE 6**
 CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **DST** Delete
 NAME **TURYNA, RICHARD**
 STREET ADDRESS **3540 SHORELINE CIRCLE**
 CITY-ST-ZIP **PALM HARBOR, FL 34684**

TITLE **DS** Change Addition
 NAME
 STREET ADDRESS **3684 TAMPA RD. STE 6**
 CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **D** Delete
 NAME **BISGROVE, LARRY H**
 STREET ADDRESS **3539 SHARLINE CIRCLE**
 CITY-ST-ZIP **PALM HARBOR, FL 34684**

TITLE Change Addition
 NAME
 STREET ADDRESS **3684 TAMPA RD. STE 6**
 CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **TD**
 NAME **KIMBERLY CLARKSON**
 STREET ADDRESS **3684 TAMPA RD. STE 6**
 CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: Steve M. Balen
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **STEVE BALEN** Date _____ Daytime Phone # _____
PRES.