

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04927

FILED  
Apr 13, 2009  
Secretary of State

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

**Current Principal Place of Business:**

2180 WEST SR 434, STE 5000  
LONGWOOD, FL 327795044 US

**New Principal Place of Business:**

**Current Mailing Address:**

2180 WEST SR 434, STE 5000  
LONGWOOD, FL 327795044 US

**New Mailing Address:**

FEI Number: 59-2449837      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HART, JAMES W JR.  
C/O SENTRY MANAGEMENT, INC.  
2180 WEST SR 434 - STE. 5000  
LONGWOOD, FL 327795044 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BALEN, STEVE  
Address: 3684 TAMPA RD STE 6  
City-St-Zip: OLDSMAR, FL 34677

Title: DS ( ) Delete  
Name: TURYNA, RICHARD  
Address: 3684 TAMPA RD STE 6  
City-St-Zip: OLDSMAR, FL 34677

Title: D ( ) Delete  
Name: BISGROVE, LARRY H  
Address: 3684 TAMPA RD STE 6  
City-St-Zip: OLDSMAR, FL 34677

Title: TD ( ) Delete  
Name: CLARKSON, KIMBERLY  
Address: 3684 TAMPA RD STE6  
City-St-Zip: OLDSMAR, FL 34677

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: CLARKSON, KIM  
Address: 3554 SHORELINE CIR  
City-St-Zip: PALM HARBOR, FL 34684

Title: VPD (X) Change ( ) Addition  
Name: BISGROVE, LARRY H  
Address: 3539 SHORELINE CIR  
City-St-Zip: PALM HARBOR, FL 34684

Title: SD (X) Change ( ) Addition  
Name: WOLLINKA, DAVID  
Address: 3501 SHORELINE CIR  
City-St-Zip: PALM HARBOR, FL 34684

Title: TD (X) Change ( ) Addition  
Name: ERWIN, DOUG  
Address: 3596 WOODBRIDGE PL  
City-St-Zip: PALM HARBOR, FL 34684

Title: D ( ) Change (X) Addition  
Name: BALEN, STEVE  
Address: 3541 SHORELINE CIR  
City-St-Zip: PALM HARBOR, FL 34684

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIM CLARKSON

PD

04/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date