


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90088 040 \*\*\*\*61.25

|  |  |   |
|--|--|---|
| <b>DOCUMENT # N30953</b>   |  |  |
| 1. Entity Name<br><b>THE SANCTUARY AT TAMPA PALMS HOMEOWNERS ASSOCIATION, INC.</b> |  |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>7001 TEMPLE TERRACE HWY<br/>TEMPLE TERRACE, FL 33637 US</b> | Mailing Address<br><b>7001 TEMPLE TERRACE HWY<br/>TEMPLE TERRACE, FL 33637 US</b> |
|---|---|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

03102004 Chg-NP CR2E037 (10/03)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>59-2939180</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|   |  |  |  |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent                               |  | 7. Name and Address of New Registered Agent        |  |
| <b>MEZER STEVEN H<br/>1212 COURT ST.<br/>SUITE B<br/>CLEARWATER, FL 34616</b> |  | 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 _____ |

**Filing Fee is \$61.25  
Due by May 1, 2004**

|  |                                    |
|--|------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP/D<br>EDWARD, WILLIAM<br>15841 SANCTUARY DRIVE<br>TAMPA, FL 33647 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P/D<br>WHITE, ROBERT<br>15876 SANCTUARY DRIVE<br>TAMPA, FL 33647 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>WILSON, MAGGIE F<br>15808 SANCTUARY DR<br>TAMPA, FL 33647 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>SCHNEIDER, WILLIAM<br>15888 SANCTUARY DRIVE<br>TAMPA, FL 33647 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HENRIETTA, MARTIN<br>15840 SANCTUARY DRIVE<br>TAMPA, FL 33647 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:  | Date: <b>3/30/04</b> | Daytime Phone #: <b>813-977-3999</b> |
|--|----------------------|--------------------------------------|