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03/04/2005 11:42 FAX

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State
03-24-2005 90041 047 ****61.25

40038544

DOCUMENT # N30953

1. Entity Name
THE SANCTUARY AT TAMPA PALMS HOMEOWNERS ASSOCIATION, INC.

01112005 Chg-NP CR2E037 (10/03)

Principal Place of Business	Mailing Address
7001 TEMPLE TERRACE HWY TEMPLE TERRACE, FL 33637 US	7001 TEMPLE TERRACE HWY TEMPLE TERRACE, FL 33637 US

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

4. FEI Number 59-2939180 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MEZER, STEVEN H
1212 COURT ST.
SUITE B
CLEARWATER, FL 34616

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 220 S Franklin St.

City Tampa FL Zip Code 33602

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, 2005

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D EDWARD, WILLIAM 15841 SANCTUARY DRIVE TAMPA, FL 33647	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D WHITE, ROBERT 15876 SANCTUARY DRIVE TAMPA, FL 33647	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D John Loona 15709 Sanctuary Dr. Tampa, FL 33647	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ~~WILSON, MAGGIE F~~ MARY-MARGARET WILSON 15808 SANCTUARY DR TAMPA, FL 33647	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SCHNEIDER, WILLIAM 15888 SANCTUARY DRIVE TAMPA, FL 33647	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HENRIETTA, MARTIN 15840 SANCTUARY DRIVE TAMPA, FL 33647	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: _____ MARY-MARGARET WILSON 3-5-05 8139773933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #