2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N30953

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

Current Principal Place of Business:

7001 TEMPLE TERRACE HWY
TEMPLE TERRACE, FL 33637 US

New Principal Place of Business:

Current Mailing Address:

7001 TEMPLE TERRACE HWY
TEMPLE TERRACE, FL 33637 US

New Mailing Address:

FEI Number: 59-2939180 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MEZER, STEVEN H
220 S FRANKLIN ASTREET
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

MEZER, STEVEN H
1801 NORTH HIGHLAND AVENUE
TAMPA, FL 33602 US

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: _____ 04/28/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: EDWARDS, WILLIAM
Address: 15841 SANCTUARY DRIVE
City-St-Zip: TAMPA, FL 33647

Title: P/D ( ) Delete
Name: LOOME, JOHN
Address: 15809 SANCTUARY DRIVE
City-St-Zip: TAMPA, FL 33647

Title: TD ( ) Delete
Name: WILSON, MARY-MARGARET
Address: 15808 SANCTUARY DR
City-St-Zip: TAMPA, FL 33647

Title: SD ( ) Delete
Name: SCHNEIDER, WILLIAM
Address: 15888 SANCTUARY DRIVE
City-St-Zip: TAMPA, FL 33647

Title: D ( ) Delete
Name: HENRIETTA, MARTIN
Address: 15840 SANCTUARY DRIVE
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: EDWARDS, WILLIAM
Address: 15841 SANCTUARY DRIVE
City-St-Zip: TAMPA, FL 33647

Title: VP (X) Change ( ) Addition
Name: LOOME, JOHN
Address: 15809 SANCTUARY DRIVE
City-St-Zip: TAMPA, FL 33647

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: SIEDLARZ, RAYMOND
Address: 15837 SANCTUARY DRIVE
City-St-Zip: TAMPA, FL 33647

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MARY-MARGARET WILSON T 04/28/2009
Electronic Signature of Signing Officer or Director — Date