

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90015 029 ****61.25

DOCUMENT # 758981

1. Entity Name

LE SCAMPI CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

19010 GULF BLVD
INDIAN SHORES FL 33785

Mailing Address

3440 EAST LAKE RD.
STE 106
PALM HARBOR FL 34685

2. Principal Place of Business

4174 Woodlands Pkwy

3. Mailing Address

4174 Woodlands Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Harbor FL

City & State

Palm Harbor FL

4. FEI Number

59-3109095

Applied For

Not Applicable

Zip

34685

Country

Pinellas US

Zip

34685

Country

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FIRST CHOICE ASSOCIATION MANAGEMENT
3440 EAST LAKE RD
SUITE 106
PALM HARBOR FL 34685

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4174 Woodlands Parkway

City

Palm Harbor

FL

Zip Code

34685

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

James M Nolan

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE	VPD	<input type="checkbox"/> Delete
NAME	RESTALL, DAVID	
STREET ADDRESS	3619 EAST ROYAL PALM CIR.	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CRUTTENDEN, ARLEN	
STREET ADDRESS	4410 ESTRELLA ST.	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALTERS, ESTHER	
STREET ADDRESS	19010 GULF BLVD. #101	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEWHIRTER, DONNA	
STREET ADDRESS	19010 GULF BLVD., #103	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DERUZZO, SHERRY	
STREET ADDRESS	19010 GULF BLVD., #203	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SHERMAN, TONI	
STREET ADDRESS	7944 JAYWOOD RD, NORTH	
CITY-ST-ZIP	SEMINOLE FL 33777	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Sherry Deruzzo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/04

Date

727 593-3606

Daytime Phone #