


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90463 031 \*\*\*\*61.25

**DOCUMENT # 758981**

1. Entity Name  
**LE SCAMPI CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: **First Choice Association Management; 174 Woodlands Parkway Palm Harbor, FL 34685**

Mailing Address: **First Choice Association Management, Inc. 4174 Woodlands Parkway Palm Harbor, FL 34685**

**11002520**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country

3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **59-3109095** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent

**FIRST CHOICE ASSOCIATION MANAGEMENT**  
**4174 Woodlands Parkway**  
**PALM HARBOR FL 34685**

7. Name and Address of New Registered Agent

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: *Sherry Deruzzo* (with X mark)

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**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10<sup>s</sup>

TITLE	<b>VP D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Restall, David</b>	
STREET ADDRESS	<b>3619 East Royal Palm Circle</b>	
CITY-ST-ZIP	<b>Tampa, FL 33629</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Cruttenden, Arlen</b>	
STREET ADDRESS	<b>4410 Estrella Street</b>	
CITY-ST-ZIP	<b>Tampa, FL 33629</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Walters, Esther</b>	
STREET ADDRESS	<b>19010 Gulf Blvd. #101</b>	
CITY-ST-ZIP	<b>Indian Rocks Beach, FL 33785</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Deruzzo, Sherry</b>	
STREET ADDRESS	<b>19010 Gulf Blvd. #203</b>	
CITY-ST-ZIP	<b>Indian Rocks Beach, FL 33785</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Sherman, Toni</b>	
STREET ADDRESS	<b>7944 Jaywood Rd. N</b>	
CITY-ST-ZIP	<b>Seminole, FL 33777</b>	

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: SIGNATURE REQUIRED**

CR2E037 (10/02)