2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000003351

1. Entity Name
THE STRAUB COURT HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
337 4TH AVE N SAINT PETERSBURG, FL 33701	337 4TH AVE N SAINT PETERSBURG, FL 33701

01092004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3669754
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WARREN, ELIZABETH
337 4TH AVE N
ST PETERSBURG, FL 33701

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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: Elizabeth A. Warren 1-10-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WARREN, ELIZABETH
STREET ADDRESS	337 4TH AVE N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701
TITLE	D
NAME	REIMER, TERRY
STREET ADDRESS	337 4TH AVE N
CITY-ST-ZIP	ST PETERBURG, FL 33701
TITLE	D
NAME	MARTIN, JOSEPH
STREET ADDRESS	337 4TH AVE N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/15/04-80053-002 61.25

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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: Elizabeth A. Warren 1-10-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #