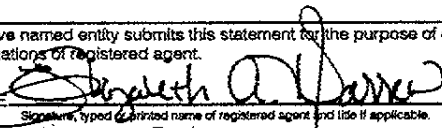
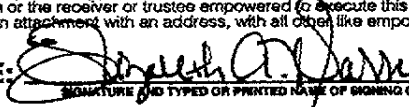


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 337 4TH AVE N SAINT PETERSBURG, FL 33701	Mailing Address 337 4TH AVE N SAINT PETERSBURG, FL 33701	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WARREN, ELIZABETH 337 4TH AVE N ST PETERSBURG, FL 33701		DO NOT WRITE IN THIS SPACE
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: 1-10-04 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, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARREN, ELIZABETH 337 4TH AVE N SAINT PETERSBURG, FL 33701	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REIMER, TERRY 337 4TH AVE N ST PETERBURG, FL 33701	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, JOSEPH 337 4TH AVE N 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		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE: 1-10-04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		



01092004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3669754	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

U00000005581
01/15/04-80053-002 61.25

**DO NOT WRITE
IN THIS SPACE**