

2001 UNIFORM BUSINESS REPORT (UBR)

3

FILED
Apr 12, 2001 8:00 am
Secretary of State

03-15-2001 90016 042 ****61.25

DOCUMENT # N04289

1. Entity Name

ST. TROPEZ CONDOMINIUM IV ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**2880 SCHERER DRIVE, SUITE 840
ST PETERSBURG FL 33716**

**2880 SCHERER DRIVE, SUITE 840
ST PETERSBURG FL 33716**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2425998

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STERLING MANAGEMENT, INC.
2880 SCHERER DRIVE, SUITE 840
ST PETERSBURG FL 33716**

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.

SIGNATURE

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
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
NAME **D CARLSON, ALAN**
STREET ADDRESS **3455 COUNTRYSIDE BLVD., #67**
CITY-ST-ZIP **CLEARWATER FL 34621**

TITLE ☐ Change ☒ Addition
NAME **Barbara Morgan D**
STREET ADDRESS **3455 Countryside Blvd**
CITY-ST-ZIP **Clearwater FL 34621**

TITLE ☐ Delete
NAME **D CLARK, BILL**
STREET ADDRESS **3455 COUNTRYSIDE BLVD #50**
CITY-ST-ZIP **CLEARWATER FL 34621**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D MURRY, MARK**
STREET ADDRESS **3455 COUNTRYSIDE BLVD #65**
CITY-ST-ZIP **CLEARWATER FL 34621**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Barbara Morgan **Barbara Morgan President**

3-7-01

299-9555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (10/00)