

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-10-2002 90757 034 ****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

4. FEI Number

59-2425998

Applied For

Not Applicable

Zip

Country

Zip

Country

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 **Joe Cianfrone-PA**
 Street Address (P.O. Box Number is Not Acceptable)
1966 Bayshore Blvd.
 City **Dunedin** FL Zip Code **34698**

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

(NOTE: Registered Agent signature required when reinstating)

3/31/02
 DATE

FILE NOW: FEE IS \$81.25

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 **D** Delete
 NAME **MORGAN, BARBARA**
 STREET ADDRESS **3455 COUNTRYSIDE BLVD., #67**
 CITY-ST-ZIP **CLEARWATER FL 34621**

TITLE **PD3** Change Addition
 NAME **Annette Cavella**
 STREET ADDRESS **3455 Countryside Blvd. #49**
 CITY-ST-ZIP **Clearwater FL 33761**

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

TITLE **TD** Change Addition
 NAME **Morgan Barbara**
 STREET ADDRESS **3455 Countryside Blvd. #67**
 CITY-ST-ZIP **Clearwater FL 34621**

TITLE **D** Delete
 NAME **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
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TITLE Change Addition
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TITLE Delete
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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)(l), 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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-02-02 **727-299-9555**
 Date Daytime Phone #

92E037 (9/01)