

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006243

1. Entity Name

ST. TROPEZ AT HARBOUR ISLAND HOMEOWNERS ASSOCIAT

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90039 006 ****61.25

Principal Place of Business 100 N TAMPA STREET SUITE 3500 TAMPA FL 33602	Mailing Address 100 N TAMPA STREET SUITE 3500 TAMPA FL 33602
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DO NOT WRITE IN THIS SPACE

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 59-2196920-	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**THOMAS, RUSSELL S ESQ.
100 N TAMPA STREET
SUITE 3500
TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name **Brian Taub**

Street Address (P.O. Box Number is Not Acceptable)
5101 San Jose

City **Tampa** FL Zip Code **33629**

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: DATE: **3-24-00**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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

TITLE	D <input type="checkbox"/> Delete
NAME	TAUB, BRIAN
STREET ADDRESS	5101 SAN JOSE
CITY-ST-ZIP	TAMPA FL 33629-6414
TITLE	D <input type="checkbox"/> Delete
NAME	TAUB, DEBORAH
STREET ADDRESS	5101 SAN JOSE
CITY-ST-ZIP	TAMPA FL 33629-6414
TITLE	D <input type="checkbox"/> Delete
NAME	THOMAS, RUSSELL S
STREET ADDRESS	100 N TAMPA STREET #3500
CITY-ST-ZIP	TAMPA FL 33602
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas, Russell S.
STREET ADDRESS	320 W. Kennedy Blvd., Suite 400
CITY-ST-ZIP	Tampa, FL 33605
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: DATE: **3-24-00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)