

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90049 046 *****70.00

DOCUMENT # N98000006243

1. Entity Name

ST. TROPEZ AT HARBOUR ISLAND HOMEOWNERS ASSOCIAT

Principal Place of Business

Mailing Address

100 N TAMPA STREET
 SUITE 3500
 TAMPA FL 33602

100 N TAMPA STREET
 SUITE 3500
 TAMPA FL 33602

2. Principal Place of Business

5101 W SAN JOSE ST

3. Mailing Address

5101 W. SAN JOSE ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FLORIDA

City & State

TAMPA FLORIDA

4. FEI Number

59-2196920

Applied For

Not Applicable

Zip

33629

Country

HILLSBOROUGH

Zip

33629

Country

HILLSBOROUGH

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

TAUB, BRIAN
5101 SAN JOSE
TAMPA FL 33629

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:
FEES 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 **D** Delete
 NAME **TAUB, BRIAN**
 STREET ADDRESS **5101 SAN JOSE**
 CITY-ST-ZIP **TAMPA FL 33629-6414**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **TAUB, DEBORAH**
 STREET ADDRESS **5101 SAN JOSE**
 CITY-ST-ZIP **TAMPA FL 33629-6414**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **THOMAS, RUSSELL S**
 STREET ADDRESS **320 W KENNEDY BLVD STE 400**
 CITY-ST-ZIP **TAMPA FL 33606**

TITLE **D** Change Addition
 NAME **THOMAS, RUSSELL S.**
 STREET ADDRESS **3812 CHAPIN AVE.**
 CITY-ST-ZIP **TAMPA FL 33611**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-28-01 (813) 763-8282

CR2E037 (10/00)