

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91287 018 ****61.25

DOCUMENT # N98000006243

1. Entity Name

ST. TROPEZ AT HARBOUR ISLAND HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5101 W SAN JOSE STREET
 TAMPA FL 33629

5101 W SAN JOSE STREET
 TAMPA FL 33629

2. Principal Place of Business

3001 Executive Drive

3. Mailing Address

3001 Executive Drive

Suite, Apt. #, etc.
 Suite 260

Suite, Apt. #, etc.
 Suite 260

City & State

Clearwater, FL

City & State

Clearwater, FL

Zip

33762

Country

Zip

33762

Country

4. FEI Number

59-2196920

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

TAUB, BRIAN
 5101 SAN JOSE
 TAMPA FL 33629

Name

Condominium Associates

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

3001 Executive Drive, Suite 260

City

Clearwater

FL

Zip Code
 33762

7. Name and Address of New Registered Agent

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 Nan Carvell, LCAM

04/19/02

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TAUB, BRIAN	
STREET ADDRESS	5101 SAN JOSE	
CITY-ST-ZIP	TAMPA FL 33629-6414	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TAUB, DEBORAH	
STREET ADDRESS	5101 SAN JOSE	
CITY-ST-ZIP	TAMPA FL 33629-6414	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, RUSSELL S	
STREET ADDRESS	3812 CHAPIN AVENUE	
CITY-ST-ZIP	TAMPA FL 33611	
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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tanzer, Jed	
STREET ADDRESS	1116 Abbey's Way	
CITY-ST-ZIP	Tampa, FL 33602	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scotfield, Lawrence	
STREET ADDRESS	1104 Abbey's Way	
CITY-ST-ZIP	Tampa, FL 33602	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paris, Mark	
STREET ADDRESS	1153 Abbey's Way	
CITY-ST-ZIP	Tampa, FL 33602	
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:

4/16/02 813.275.0759

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)