2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 22, 2004 8:00 am Secretary of State

DOCUMENT # N98000006 1. Entity Name ST. TROPEZ AT HARBOUR ISLAND ASSOCIATION, INC.			04-22-2004 90019 020 ****61.25			
Principal Place of Business 3001 EXECUTIVE DRIVE SUITE 260 CLEARWATER, FL 33762	Mailing Address 3001 EXECUTIVE DRIVE SUITE 260 CLEARWATER, FL 33762		1 100 (100) 200 (100)	HANN BANK BANK BANK ARNI ARNI	5403	8931
2. Principal Place of Business 777 S. HARBOUR ISLAND BLVD	3. Mailing Address 777 S. HARBO	UR SLAND	BUND			
Suite, Apt. #, etc. SUITE 270	Suite, Apt. #, etc. Suite 270		01292004 C	hg-NP CR2E(037 (10/03)	
City & State TAMPA, FL	TAMPA, FL		4. FEI Number 59-219692	20	——————————————————————————————————————	olied For Applicable
Zip Country 33602 USA	^{Zip} 33602	Country USA	5. Certificate of S	tatus Desired	\$8.75 Add	tional
6. Name and Address of Current		USH	7. Name and Add	Iress of New Registered		
CONDOMINIUM ASSOCIATES	Name CONDOMINIUM ASSOCIATES					
3001 EXECUTIVE DRIVE, SUITE 260	Street Address (P.O. Box Number is Not Acceptable) 777 S. HARBOUR ISLAND BLVD, STE 270					
CLEARWATER, FL 33762			77 S. MAHBUUI	1 ISLAND BLV	D, 51E 2	70
	City	TAM	PA, FL. 3360 2	L Zip Code		
The above named entity submits this statement for the obligations of registered agent.	r the purpose of changing its re	•			n familiar with,	and accept
Vatl. / Boson	h = 00	PROPE	ERTEL MANAGE	1		
SIGNATURE Signature, typed or printer name of registered agent.	and title if applicable. (NOTE: R	egistered Agent signatur	Y BRAMHAU re required when reinstating)	LCHM DATE		_
Filing Fee is \$61.25 9. Election Campa		aign Financing	n Financing \$5.00 May Be Make check payable to			
Due by May 1, 2004 Trust Fund Con			Added to Fees Florida Department of State			
10. OFFICERS AND DIF		11.	ADDITIONS/CHANG	ES TO OFFICERS AND D		
TITLE PD TANZER, JED	☐ Delete	TITLE NAME			Change	Addition A
STREET ADDRESS 1116 ABBEY'S WAY	·		•			•
CITY-ST-ZIP TAMPA, FL 33602		CITY-ST-ZIP				
TITLE VPD NAME SCOFIELD, LAWRENCE	. 🔀 Delete	TITLE NAME	D Trees	ப	🗀 Change	X Addition
1	· · · · · · · · · · · · · · · · · · ·		DUANE, JOSEPH 1155 ABBEYS WAY			
CITY-ST-ZIP TAMPA, FL 33602	P TAMPA, FL 33602		TAMPA, FL 3	AMPA, FL 33602		
TITLE STD	🔀 Delete	TITLE	D		Change	X Addition
NAME PARIS, MARK STREET ADDRESS 1153 ABBEY'S WAY		NAME STREET ADDRESS	KAMPSEN, PAT 3224 HENDER	RICIA SANBUVD		
CITY-ST-ZIP TAMPA, FL 33602		CITY-ST-ZIP	TAMPA, FL 3:	3609		
TITLE D	☐ Delete	TITLE	DST	-	Change	Addition
NAME COPLER, PAMELA		NAME (COPHER, PAME	ELA	•	
STREET ADDRESS 1145 ABBEYS WAY CITY-ST-ZIP TAMPA, FL 33602	•	STREET ADDRESS CITY-ST-ZIP	-			
TITLE D	Delete		DV		Change	Addition

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 of tructor 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 tike empowered.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

WEBER, DOUGLAS

1109 ABBEYS WAY

TAMPA, FL 33602

SIGNATURE AND TO PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

<u>(813)209-9300</u>

Change

Addition