


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90039 047 \*\*\*\*61.25

**DOCUMENT # N98000006243**

1. Entity Name  
**ST. TROPEZ AT HARBOUR ISLAND HOMEOWNERS ASSOCIATION, INC.**




Principal Place of Business  
**777 S. HARBOUR ISLAND BLVD. SUITE 270 TAMPA, FL 33602**

Mailing Address  
**777 S. HARBOUR ISLAND BLVD. SUITE 270 TAMPA, FL 33602**

**20004554**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



01032005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2196920** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CONDOMINIUM ASSOCIATES**  
**777 S. HARBOUR ISLAND BLVD., STE. 270**  
**TAMPA, FL 33602**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Kathy Bramhall, LEARN DATE 1/5/05

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

**Filing Fee is \$61.25 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	TANZER, JED	
STREET ADDRESS	1116 ABBEYS WAY	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUANE, JOSEPH	
STREET ADDRESS	1155 ABBEYS WAY	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KAMPSEN, PATRICIA	
STREET ADDRESS	3224 HENDERSON BLVD.	
CITY-ST-ZIP	TAMPA, FL 33609	
TITLE	DST	<input type="checkbox"/> Delete
NAME	COPLER, PAMELA	
STREET ADDRESS	1145 ABBEYS WAY	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	WEBER, DOUGLAS	
STREET ADDRESS	1109 ABBEYS WAY	
CITY-ST-ZIP	TAMPA, FL 33602	
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	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joe Duane	
STREET ADDRESS	1155 Abbeys Way	
CITY-ST-ZIP	Tampa, FL 33602	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Larry Scofield	
STREET ADDRESS	1104 Abbeys Way	
CITY-ST-ZIP	Tampa, FL 33602	
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	Steve Anderson	
STREET ADDRESS	1107 Abbeys Way	
CITY-ST-ZIP	Tampa, FL 33602	
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: [Signature] Date 1/6/05 Daytime Phone # 813-275-0759

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #