


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90043 021 ****61.25

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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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01062006 Chg-NP CR2E037 (11/05)	
4. FEI Number 59-2196920		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CONDOMINIUM ASSOCIATES 777 S. HARBOUR ISLAND BLVD., STE. 270 TAMPA, FL 33602			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 <u>Kathy Bramhall, CAAM</u>		DATE <u>1/30/06</u>			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TANZER, JED	NAME			
STREET ADDRESS	1116 ABBEY'S WAY	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33602	CITY-ST-ZIP			
TITLE	DV <input type="checkbox"/> Delete	TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DUANE, JOSEPH	NAME	Joseph Duane		
STREET ADDRESS	1155 ABBEY'S WAY	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33602	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	Vice-President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCOFIELD, LARRY	NAME	Larry Scofield		
STREET ADDRESS	1104 ABBEY'S WAY	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33602	CITY-ST-ZIP			
TITLE	DST <input type="checkbox"/> Delete	TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COPLER, PAMELA	NAME	Pamela Copher		
STREET ADDRESS	1145 ABBEYS WAY	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33602	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ANDERSON, STEVE	NAME	Ana Landis		
STREET ADDRESS	1107 ABBEY'S WAY	STREET ADDRESS	1143 Abbey's Way		
CITY-ST-ZIP	TAMPA, FL 33602	CITY-ST-ZIP	Tampa, FL 33602		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Jed S. Tanzer</u>		DATE: <u>1/30/06</u>		DAYTIME PHONE: <u>813-209-9300</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	