

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90143 013 \*\*\*\*61.25

<b>DOCUMENT # N98000006243</b>					
<b>1. Entity Name</b> ST. TROPEZ AT HARBOUR ISLAND HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 777 S. HARBOUR ISLAND BLVD. SUITE 270 TAMPA, FL 33602			<b>Mailing Address</b> 3001 EXECUTIVE DRIVE SUITE 260 CLEARWATER, FL 33762		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-2196920	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  CONDOMINIUM ASSOCIATES 777 S. HARBOUR ISLAND BLVD., STE. 270 TAMPA, FL 33602			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>SIGNATURE</b> </div> <div style="width: 40%; text-align: center;"> <b>Michael Baptista</b> </div> <div style="width: 20%; text-align: right;">                 DATE             </div> </div> <p style="font-size: small; text-align: center;">(NOTE: Registered Agent signature required when reinstating)</p>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> VP <b>NAME</b> TANZER, JED <b>STREET ADDRESS</b> 1116 ABBEY'S WAY <b>CITY - ST - ZIP</b> TAMPA, FL 33602	<input type="checkbox"/> Delete				
<b>TITLE</b> P <b>NAME</b> DUANE, JOSEPH <b>STREET ADDRESS</b> 1155 ABBEY'S WAY <b>CITY - ST - ZIP</b> TAMPA, FL 33602	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> D <b>NAME</b> SCOFIELD, LARRY <b>STREET ADDRESS</b> 1104 ABBEY'S WAY <b>CITY - ST - ZIP</b> TAMPA, FL 33602	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> S <b>NAME</b> COPHER, PAMELA <b>STREET ADDRESS</b> 1145 ABBEYS WAY <b>CITY - ST - ZIP</b> TAMPA, FL 33602	<input type="checkbox"/> Delete				
<b>TITLE</b> T <b>NAME</b> LANDIS, ANA <b>STREET ADDRESS</b> 1143 ABBEYS WAY <b>CITY - ST - ZIP</b> TAMPA, FL 33602	<input type="checkbox"/> Delete				
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete				
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete				
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete				
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete				
<b>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.</b>					
<b>SIGNATURE:</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					