
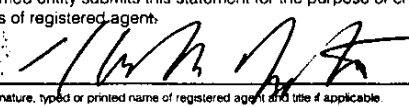
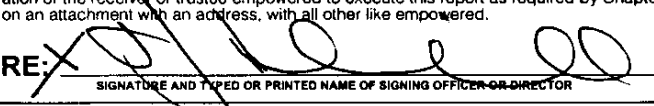


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

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

<b>DOCUMENT # N98000006243</b>					
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 3001 EXECUTIVE DRIVE SUITE 260 CLEARWATER, FL 33762		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2196920	
				Applied For <input type="checkbox"/> 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: 		Michael Baptista		DATE	
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, 2008		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	VP	<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	P	<input checked="" type="checkbox"/> Delete		TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUANE, JOSEPH			NAME	FRANK HALLIWELL
STREET ADDRESS	1155 ABBEY'S WAY			STREET ADDRESS	1141 ABBEYS WAY
CITY-ST-ZIP	TAMPA, FL 33602			CITY-ST-ZIP	TAMPA FL 33602
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOFIELD, LARRY			NAME	
STREET ADDRESS	1104 ABBEY'S WAY			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33602			CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COPHER, PAMELA			NAME	
STREET ADDRESS	1145 ABBEYS WAY			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33602			CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDIS, ANA			NAME	
STREET ADDRESS	1143 ABBEYS WAY			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33602			CITY-ST-ZIP	
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: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
				Daytime Phone #	

90000000



01182008 Chg-NP CR2E037 (12/06)