

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90735 039 ****61.25

0047308

DOCUMENT # N98000006243

1. Entity Name

ST. TROPEZ AT HARBOUR ISLAND HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**3001 EXECUTIVE DRIVE
SUITE 260
CLEARWATER FL 33762**

Mailing Address

**3001 EXECUTIVE DRIVE
SUITE 260
CLEARWATER FL 33762**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2196920**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DRIVE, SUITE 260
CLEARWATER FL 33762**

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

Non Carroll *Non Carroll*

2-11-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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 ABBEY'S WAY	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SCOFIELD, LAWRENCE	
STREET ADDRESS	1104 ABBEY'S WAY	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PARIS, MARK	
STREET ADDRESS	1153 ABBEY'S WAY	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" type="checkbox"/> Addition
NAME	<i>Pamela Coplex</i>	
STREET ADDRESS	<i>1145 abbey's way</i>	
CITY-ST-ZIP	<i>TAMPA, FL 33602</i>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Douglas Weber</i>	
STREET ADDRESS	<i>1109 abbey's way</i>	
CITY-ST-ZIP	<i>TAMPA, FL 33602</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 REQUIRED IS. TANZER *2/11/03*

CR2E037 (10/02)