

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007586

FILED  
Mar 29, 2007  
Secretary of State

Entity Name: SAINT TROPEZ HOMEOWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

34990 EMERALD COAST PARKWAY  
SUITE 401  
DESTIN, FL 32541 US

## New Principal Place of Business:

4400 HWY 20 EAST  
SUITE 313  
NICEVILLE, FL 32578 US

## Current Mailing Address:

34990 EMERALD COAST PARKWAY  
SUITE 401  
DESTIN, FL 32541 US

## New Mailing Address:

PO BOX 5263  
NICEVILLE, FL 32578 US

FEI Number: 20-3219121

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KRUSE, CRAIG J  
34990 EMERALD COAST PARKWAY  
SUITE 401  
DESTIN, FL 32541 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: KRUSE, CRAIG  
Address: 34990 EMERALD COAST PKWY  
City-St-Zip: DESTIN, FL 32541 US

Title: VPT ( ) Delete  
Name: CARLINO, BETTINA  
Address: 34990 EMERALD COAST PARKWAY  
City-St-Zip: DESTIN, FL 32541 US

Title: S ( ) Delete  
Name: VIOLETTE, MARK  
Address: 34990 EMERALD COAST PARKWAY  
City-St-Zip: DESTIN, FL 32541 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: DUTY, JERRY  
Address: 4402 SONOMA CIRCLE  
City-St-Zip: NICEVILLE, FL 32578 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRAIG KRUSE

PD

03/29/2007

Electronic Signature of Signing Officer or Director

Date