

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N15302 (5)**
1. Corporation Name
ST. TROPEZ CIRCLE MAINTENANCE ASSOCIATION, INC.



Principal Place of Business Mailing Address
**% SPECIALTY MGMT CO
220 CONGRESS PARK DR STE 200
DELRAY BEACH FL 33445
US**

3. Date Incorporated or Qualified **06/09/1986** 3a. Date of Last Report **04/17/1995**
4. FEI Number **NOT APPLICABLE** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip 29 Country 30 Country

9. Name and Address of Current Registered Agent
**PODESTA, CARI A P.A.
11380 PROSPERITY FARMS RD.
STE. #210B
PALM BEACH GARDENS FL 33410**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BOYERS, GARY	
STREET ADDRESS	13289 ST TROPEZ CIR	
CITY-ST-ZIP	PALM BEACH GARDEN FL 33410	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	COTTRELL, BRIAN	
STREET ADDRESS	13209 ST TROPEZ CIR	
CITY-ST-ZIP	PALM BEACH GARDEN FL 33410	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KAZANJIAN, MARGUERITE	
STREET ADDRESS	13249 ST TROPEC CIR	
CITY-ST-ZIP	PALM BEACH GARDEN FL 33410	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SIMPSON, CAROLYN	
STREET ADDRESS	13245 ST TROPEZ CIR	
CITY-ST-ZIP	PALM BEACH GDNS FL 33410	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMAS, KAY	
STREET ADDRESS	13210 ST TROPEZ CIR	
CITY-ST-ZIP	PALM BCH GDNS FL 33410	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gary L Boyers - President Gary L Boyers 4-16-96 (407) 644-4909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)