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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: % SPECIALTY MGMT CO, 220 CONGRESS PARK DR STE 200, DELRAY BEACH FL 33445 US
Mailing Address: % SPECIALTY MGMT CO, 220 CONGRESS PARK DR STE 200, DELRAY BEACH FL 33445-4805 US

3. Date Incorporated or Qualified: 06/09/1986
3a. Date of Last Report: 04/26/1996

2. Prime Mgmt Group: PRIME MGMT GROUP, INC., 6300 PARK OF COMMERCE BLV, BOCA RATON, FL 33487

4. Number: NOT APPLICABLE
Applied For: Not Applicable
Certificate of Status Desired: \$8.75 Additional Fee Required
Election Campaign Financing: \$5.00 May Be Added to Fees

24. Zip: 25. Country: 29. Zip: 30. Country:

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: PODESTA, CARI A P.A., 11380 PROSPERITY FARMS RD., STE. 227, 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, 85 Zip Code: FL

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: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	BOYERS, GARY	1.2 NAME	
STREET ADDRESS	13289 ST TROPEZ CIR	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDEN FL 33410	1.4 CITY-ST-ZIP	
TITLE	VO	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	COTTRELL, BRIAN	2.2 NAME	
STREET ADDRESS	13209 ST TROPEZ CIR	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDEN FL 33410	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	KAZANJIAN, MARGUERITE	3.2 NAME	
STREET ADDRESS	13249 ST TROPEC CIR	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDEN FL 33410	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	SIMPSON, CAROLYN	4.2 NAME	
STREET ADDRESS	13245 ST TROPEZ CIR	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GDNS FL 33410	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	THOMAS, KAY	5.2 NAME	
STREET ADDRESS	13210 ST TROPEZ CIR	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GDNS FL 33410	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

SD LENTINI, RONALD
13293 ST. TROPEZ CIRCLE
PALM BEACH GARDENS, FL 33410

14. I do 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 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: [Signature]

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