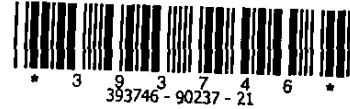


FILE NOW: FILING FEE IS \$61.25

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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90237 021 ****61.25



NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N15302 OK
 1. Corporation Name
ST. TROPEZ CIRCLE MAINTENANCE ASSOCIATION, INC.

Principal Place of Business Mailing Address

2. Principal Place of Business 21 Complete Property Mgmt. Inc	2a. Mailing Address 26 Complete Property Mgmt. Inc	3. Date Incorporated or Qualified 06/09/1986
Suite, Apt. #, etc. 22 4239 Northlake Blvd. #D	Suite, Apt. #, etc. 27 4239 Northlake Blvd. #D	4. FEI Number 59-2805414
City & State 23 Palm Bch. Gnds. FL 3	City & State 28 Palm Bch. Gnds. FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 33410	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent Complete Property Management 4239 Northlake Blvd., Suite D 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
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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 *Kelly Blucher* Office Manager DATE 4/12/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	DELETED <input type="checkbox"/>	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME Herb Sternlieb		1.2 NAME	
STREET ADDRESS 13221 St. Tropez Circle		1.3 STREET ADDRESS	
CITY-ST-ZIP Palm Beach Gardens, FL 33410		1.4 CITY-ST-ZIP	
TITLE V	DELETED <input type="checkbox"/>	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME Sandra Isolica		2.2 NAME	
STREET ADDRESS 13341 St. Tropez Circle		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE TD	DELETED <input type="checkbox"/>	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME Carolyn Simpson		3.2 NAME	
STREET ADDRESS 13245 St. Tropez Circle		3.3 STREET ADDRESS	
CITY-ST-ZIP Palm Beach Gardens, FL 33410		3.4 CITY-ST-ZIP	
TITLE SD	DELETED <input type="checkbox"/>	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME Ronald Lentini		4.2 NAME	
STREET ADDRESS 13293 St. Tropez Circle		4.3 STREET ADDRESS	
CITY-ST-ZIP Palm Beach Gardens, FL 33410		4.4 CITY-ST-ZIP	
TITLE D	DELETED <input type="checkbox"/>	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME Brian Cottrell		5.2 NAME	
STREET ADDRESS 13209 St. Tropez Circle		5.3 STREET ADDRESS	
CITY-ST-ZIP Palm Beach Gardens, FL 33410		5.4 CITY-ST-ZIP	
TITLE	DELETED <input type="checkbox"/>	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	

14. 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 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, with all other like empowered.

SIGNATURE: *Herb Sternlieb* HERBERT H. STERNLIEB DATE 4/12/99 (561) 626-2778

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