

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15302

1. Entity Name

ST. TROPEZ CIRCLE MAINTENANCE ASSOCIATION, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90191 038 ****61.25

Principal Place of Business	Mailing Address
4239 N. LKE BLVD #D PALM BCH GARDENS FL 33410 US	4239 N. LKE BLVD #D PALM BCH GARDENS FL 33410 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number	Applied For
		59-2805414	Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

COMPLETE PROPERTY MANAGEMENT INC.
 4239 NORTHLAKE BLVD, SUITE D
 PALM BEACH GARDENS FL 33410

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.

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" 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	LENTINI, RONALD	
STREET ADDRESS	13293 ST TROPEZ CIRCLE	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SIMPSON, CAROLYN	
STREET ADDRESS	13245 ST TROPEZ CIR	
CITY-ST-ZIP	PALM BEACH GDNS FL 33410	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WHITE, BARBARA	
STREET ADDRESS	13214 ST. TROPEZ CIRCLE	
CITY-ST-ZIP	PALM BCH GDNS FL 33410	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	STERNLIEB, HERB	
STREET ADDRESS	13221 ST TROPEZ CIR	
CITY-ST-ZIP	PBG FL 33410	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ISOLICA, SANDRA	
STREET ADDRESS	11341 ST TROPEZ CIR	
CITY-ST-ZIP	PBG FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OWEN, Carlisle	
STREET ADDRESS	13270 St. Tropez Circle	
CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lentini, Ronald	
STREET ADDRESS	13293 St. Tropez Circle	
CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Furey, George	
STREET ADDRESS	13221 St. Tropez Circle	
CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Labenas, Gayle	
STREET ADDRESS	13277 St. Tropez Circle	
CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Ronald Lentini PRESIDENT Date: 4-11-00 Daytime Phone #: 561-622-8279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)