

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15302

**FILED**  
**Feb 08, 2010**  
**Secretary of State**

**Entity Name:** ST. TROPEZ CIRCLE MAINTENANCE ASSOCIATION, INC.

**Current Principal Place of Business:**

ST. TROPEZ CIRCLE MAINT. ASSOC.  
2600 CRYSTAL POINTE WAY  
PALM BEACH GARDENS, FL 33410 US

**New Principal Place of Business:**

**Current Mailing Address:**

SEACREST SRVS., INC  
2400 CENTRE PRK W DR ST 175  
WEST PALM BEACH, FL 33409 US

**New Mailing Address:**

SEACREST SERVICES, INC.  
2400 CENTRE PRK W DR ST 175  
WEST PALM BEACH, FL 33409 US

**FEI Number:** 59-2805414

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STOLOFF, SCOTT  
1818 AUSTRALIAN AVE SOUTH  
SUITE 400  
WEST PALM BEACH, FL 33409 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: D  
Name: KAZANJIAN, MARGE  
Address: 13249 ST TROPEZ CIRCLE  
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: P  
Name: ABRAMOW, LES  
Address: 13305 ST TROPEZ CIRCLE  
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: T  
Name: SIMON, JERRY  
Address: 13250 ST TROPEZ CIR  
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: D  
Name: HANSON, ELIZABETH  
Address: 13274 ST TROPEZ CIRCLE  
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

I hereby 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 all other like empowered.

SIGNATURE: MARTHA OLDS

MS

02/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date