

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N49610

1. Entity Name
ST. TROPEZ AT BOCA GOLF PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business 2200 N FEDERAL HWY 212 BOCA RATON, FL 33431	Mailing Address 2200 N FEDERAL HWY 212 BOCA RATON, FL 33431
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01122004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0355953	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PLAZURE, LENNIE
 2200 N FEDERAL HWY
 212
 BOCA RATON, FL 33431**

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Lennie Plazure*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

DATE: _____

**Filing Fee is \$61.25
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000019639
 01/23/04-80033-014 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, EILEEN 2200 N FEDERAL HWY BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DE MOON, HANS 2200 N FEDERAL HWY BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCWIBNER, THEODORE 2200 N FEDERAL HWY BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GLASER, ROBERT 2200 N FEDERAL HWY BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LACHTER, LARRY 2200 N FEDERAL HWY BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Eileen Miller* **1/23/04** **561-347-1494**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #