

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90247 003 ****61.25

DOCUMENT # N49610
 1. Entity Name
 ST. TROPEZ AT BOCA GOLF PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
 6300 PARK OF COMMERCE
 BOCA RATON, FL 33487

Mailing Address
 2200 N FEDERAL HWY
 212
 BOCA RATON, FL 33431

50018505



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 6300 PARK OF COMMERCE
 Suite, Apt. #, etc.
 BLVD

04132006 Chg-NP CR2E037 (11/05)

City & State
 BOCA RATON FL

City & State
 BOCA RATON FL

Zip
 33487

Country

4. FEI Number
 65-0355953

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MILLER, EILEEN
 17239-6 BOCA CLUB BLVD
 BOCA RATON, FL 33487

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

SIGNATURE *Eileen Miller* *[Signature]*
 Signature, typed or printed name of registered agent; and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MILLER, EILEEN 17239-6 BOCA CLUB BLVD BOCA RATON, FL 33487	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/T VOGT, HAROLD 17317-6 BOCA CLUB BLVD BOCA RATON, FL 33487	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BLUM, MARJORIE 17305-3 BOCA CLUB BLVD BOCA RATON, FL 33487	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LACHTER, LARRY 17227-1 BOCA CLUB BLVD BOCA RATON, FL 33487	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director JOHANNES DEMODY 17305 BOCA CLUB BLVD #4 BOCA RATON FL 33487	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR LOIS NIESEN 17399 BOCA CLUB BLVD #1 BOCA RATON FL 33487	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #