

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49610

FILED
Mar 09, 2009
Secretary of State

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

Current Principal Place of Business:

6300 PARK OF COMMERCE
BOCA RATON, FL 33487

New Principal Place of Business:

100 E LINTON BLVD
206 B
DELRAY BCH, FL 33483

Current Mailing Address:

6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487

New Mailing Address:

100 E LINTON BLVD
206 B
DELRAY BCH, FL 33483

FEI Number: 65-0355953

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BACKR LAW FIRM, P.A.
400 S DIXIE HWY STE 420
BOCA RATON, FL 33432 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: V () Delete
Name: NELSEN, LOIS
Address: 17239-6 BOCA CLUB BLVD
City-St-Zip: BOCA RATON, FL 33487

Title: T () Delete
Name: ASHER, BARBARA
Address: 17269-3 BOCAL CLUB BLVD
City-St-Zip: BOCA RATON, FL 33487

Title: S () Delete
Name: JOHNSTON, NAN
Address: 17323-4 BOCA CLUB BLVD
City-St-Zip: BOCA RATON, FL 33487

Title: D () Delete
Name: GLASER, ROBERT
Address: 17281-2 BOCA CLUB BLVD
City-St-Zip: BOCA RATON, FL 33487

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: GLASER, ROBERT
Address: 17281-2 BOCA CLUB BLVD
City-St-Zip: BOCA RATON, FL 33487

Title: PRES () Change (X) Addition
Name: VOGT, HAROLD
Address: 17317-6
City-St-Zip: BOCA RATON, FL 33487

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KONSTANTINOS MANESSIS

M

03/09/2009

Electronic Signature of Signing Officer or Director

Date