FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 771149 (2)

ST. TROPEZ COMMUNITY ASSOCIATION, INC.											
Principal Place	of Business	Mailing Address						UII BIEK UKUI			
352 WESTWIN SUITE 103 PALM HARBO		352 WESTWINDS DRIVE SUITE 103	352 WESTWINDS DRIVE								
US							3. Date Incorporated or Qualified 11/08/1983	3a. Date of Last Report 08/10/1995			
2. Principal Pla 21	ace of Business	2a. Mailing Address 26	——————————————————————————————————————				4. FEI Number 59-2402240	Applied For Not Applicable			
Suite, Apt. # 22		Suite, Apt. #, etc.	27				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State	28				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip 24	Country 25	Zip 29	30				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
	9. Name and Address of Curre	nt Hegistered Agent		81	Т.	Name	10. Name and Address of New Re	gistered A	gent		
10 100	ODERTY HAND OF SELECT INC			"	'	inarrie					
352 WES	OPERTY MANAGEMENT INC. STWINDS DRIVE			82		Street Addres	is (P.O. Box Number is Not Acceptable)			
SUITE 10 Palm Ha)3 Arbor FL 34683			83 84	L.	City	■■ 85 Zip Code				
						·		FL			
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.											
SIGNATURE _	Signature, typed or printed name of registered agen	Land tile if applicable (NOT	E: Registered	Agen	nl si	ignature required w	rhon reinstating)	DATE		 	
12.	OFFICERS AN	ID DIRECTORS	13.				ADDITIONS/CHANGES TO OFFIC	CERS AND	DIRECTO	RS IN 12	
TITLE NAME	D Slattery, Denise	DELETE	1	I TITLE 2 Name] Change	☐ Addition	
STREET ADDRESS	3455 COUNTRYSIDE BLVD #	52	1.3 STRI			DDRESS					
CITY-ST-ZIP	CLEARWATER FL		1.4 0			ZIP					
TITLE	PRES DELETE			2.1 TITLE] Change	☐ Addition	
NAME	WILLIAMS, MARY A		2.2 N								
STREET ADDRESS	3455 COUNTRYSIDE BLVD, 1	11	2.3 STR			DDRESS					
CITY-ST-ZIP	CLEARWATER FL	Flories	2. 4 Ct ETE 3.1 TiT			ZIP					
TITLE	₹	D DELETE						L.] Change	Addition	
NAME	CHIPPI, KAREN 3455 CUNTRYSIDE BLVD		3.2 NAME			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
STREET ADDRESS	CLEARWATER FL		3.3 STREET ADDRES								
CITY-ST-ZIP TITLE				.4. CITY - ST - ZIP					Change	Addition	
NAME	SHERMER, KIMBERLY		4.2 N					L	_ onlings		
STREET ADDRESS	3455 COUNTRY SIDE BLVD	# 86				DRESS					
CITY-ST-ZIP	CLEARWATER FL			TY-S							
TITLE		The state of the s		TITLE] Change	☐ Addition	
NAME			5.2 N		ME						
STREET ADDRESS	5.3		5.3 \$1	3 STREET ADDRESS		DRESS					
CITY-ST-ZIP			5.4 CI	CITY-ST-ZIP		ZIP					
TITLE	DELETE		6.1 TI	TLE] Change	☐ Addition	
NAME			6.2 NAN								
STREET ADDRESS				3.3 STREET ADDRESS							
CITY-ST-ZIP	u north, that the information accepted	with this films is not between	6.4 CI				N	3/0/4 - 5		17 17	
certify that oath; that	the information indicated on this ann	ual report or supplemental annu- oration or the receiver or trustee	al report i empowe	is tru	ue a	and accurate	the exemption stated in Section 119.0 and that my signature shall have the seport as required by Chapter 617, Flor	ame legal e	ffect as if	made under	

SIGNATURE: 1

813-942-4755 Daytime Phone #