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Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **771150** (0)
1. Corporation Name
ST. TROPEZ CONDOMINIUM I ASSOCIATION, INC.

Principal Place of Business 352 WEST WINDS DR. PALM HARBOR FL 34683	Mailing Address P.O. BOX 695 TARPON SPRINGS FL 34689
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3. Date Incorporated or Qualified

11/08/1983

4. FEI Number

59-2402246

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business
21 **40347 US 19 NORTH**

Suite, Apt. #, etc.

22 **SUITE 201**

City & State

23 **TARPON SPRINGS**

Zip

24 **34689**

Country

25 **FLORIDA**

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

29 **34689**

Country

30 **FLORIDA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**I & J PROPERTY MANAGEMENT INC.
352 WEST WINDS DR.
PALM HARBOR FL 34683**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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 agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **COOK, JOHN J.**
STREET ADDRESS **3455 COUNTRYSIDE BL #106**
CITY-ST-ZIP **CLEARWATER FL 34621**

TITLE **VPD** ☐ DELETE
NAME **GILDERSLEEVE, CONSTANCE**
STREET ADDRESS **3455 COUNTRYSIDE BL #99**
CITY-ST-ZIP **CLEARWATER FL 34621**

TITLE **STD** ☐ DELETE
NAME **NELSON, CHRISTINE**
STREET ADDRESS **3455 COUNTRYSIDE BLVD #105**
CITY-ST-ZIP **CLEARWATER FL 34621**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ✓

Constance J. Gildersleeve

2-11-98 813-942-4755

CR2E037 (10/97)