

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State
03-20-2000 90057 041 ****61.25

DOCUMENT # 771150

1. Entity Name

ST. TROPEZ CONDOMINIUM I ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% JIM NOBLES MANAGMENT
800 TARPON WOODS BLVD., SUITE F-1
TARPON SPRINGS FL 34685
US

P.O. BOX 695
TARPON SPRINGS FL 34688-0695

00033910



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

251 WINDWARD PASSAGE

3. Mailing Address

251 WINDWARD PASS.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite F

Suite F

City & State

CLEARWATER, FL

City & State

CLEARWATER, FL.

4. FEI Number

59-2402246

Applied For

Not Applicable

Zip

33767

Country

USA

Zip

33767

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JIM NOBLES MANAGEMENT INC.
800 TARPON WOODS BLVD.
SUITE F-1
PALM HARBOR FL 34685

Name

JIM NOBLES MANAGEMENT INC

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

251 WINDWARD PASSAGE

Suite F

City

CLEARWATER

FL

Zip Code

33767

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN-10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STD	TOUCHTON, CYNTHIA	3455 COUNTRYSIDE BLVD 97	CLEARWATER FL 33761	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
PD	GILDERSLEEVE, CONSTANCE	3455 COUNTRYSIDE BL #99	CLEARWATER FL 33761	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VPD	HONEY, HELEN	3455 COUNTRYSIDE BLVD 107	CLEARWATER FL 33761	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Constance J. Gildersleeve 3-13-2000 727-787-2922

CR2E037 (9/99)