2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2000 8:00 am
Secretary of State
04-05-2000 90120 003 ****61.25

DOCUMENT # 771149

1. Entity Name

ST. TROPEZ COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
352 WESTWINDS DRIVE SUITE 103 PALM HARBOR FL 34683 US	352 WESTWINDS DRIVE SUITE 103 PALM HARBOR FL 34683-1043 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
40347 US 19 NORTH	P.O BOX 695
Suite, Apt. #, etc.: SUITE 201	Suite, Apt. #, etc.
City & State: TARPON SPRINGS	City & State: TARPON SPRINGS
Zip: 34689 Country: PINELLAS	Zip: 34689 Country: PINELLAS

4. FEI Number: 59-2402240 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

I & J PROPERTY MANAGEMENT INC.
~~352 WESTWINDS DRIVE~~ e 40347 US 19 N. SUITE201
~~SUITE 103~~ e
~~PALM HARBOR FL 34683~~ e TARPON SPRINGS, FL 34689

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.

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	VPD HAJOUFI, JOLAN 3455 COUNTRYSIDE BLVD #52 CLEARWATER FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VILLELLA, STEVEN 3455 COUNTRYSIDE BLVD, 11 CLEARWATER FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD CHIPPI, KAREN 3455 CUNTRYSIDE BLVD CLEARWATER FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MASTROIDES, KEITH 3455 COUNTRYSIDE BLVD., #55 CLEARWATER FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOOD, RON 3455 COUNTRYSIDE BLVD #105 CLEARWATER, FL 33761	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD YONTECK, FRED 2831 LANDOVER DRIVE CLEARWATER FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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 — JOLAN HAJOUFI — Date — 727-942-4755 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR