

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 771150

1. Entity Name

ST. TROPEZ CONDOMINIUM I ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3455 COUNTRYSIDE BLVD #105
CLEARWATER, FL 33761

SAME

2. Principal Place of Business

3. Mailing Address

3455 COUNTRYSIDE BLVD ← SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#105

City & State

City & State

CLEARWATER, FL

Zip

Country

Zip

Country

33761

US

4. FEI Number

592402246

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JIM NOBLES MANAGEMENT, INC
251 WINDWARD PASSAGE
SUITE 7
CLEARWATER, FL 33767

7. Name and Address of New Registered Agent

Name

RON WOOD

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

3455 COUNTRYSIDE BLVD #105

CLEARWATER

33761

City

Zip Code

60000344FL706--1

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 FL 10/1/00

*****61.25 *****61.25

SIGNATURE

RON WOOD

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

(NOTE: Registered Agent signature required when reinstating)

10/2/00

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

TITLE	3/T/D	<input checked="" type="checkbox"/> Delete
NAME	TOUCHTON, CYNTHIA	
STREET ADDRESS	3455 COUNTRYSIDE BLVD 97	
CITY-ST-ZIP	CLEARWATER, FL 33761	
TITLE	P/D	<input checked="" type="checkbox"/> Delete
NAME	GILDERSLEEVE, CONSTANCE	
STREET ADDRESS	3455 COUNTRYSIDE BLVD #99	
CITY-ST-ZIP	CLEARWATER, FL 33761	
TITLE	V/P/D	<input checked="" type="checkbox"/> Delete
NAME	HONEY HELEN	
STREET ADDRESS	3455 COUNTRYSIDE BLVD #107	
CITY-ST-ZIP	CLEARWATER, FL 33761	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RON WOOD	
STREET ADDRESS	3455 COUNTRYSIDE BLVD #105	
CITY-ST-ZIP	CLEARWATER, FL 33761	
TITLE	V/P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN COOK	
STREET ADDRESS	3455 COUNTRYSIDE BLVD #106	
CITY-ST-ZIP	CLEARWATER, FL 33761	
TITLE	3/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HONEY HELEN	
STREET ADDRESS	3455 COUNTRYSIDE BLVD #107	
CITY-ST-ZIP	CLEARWATER, FL 33761	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

RON WOOD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/2/00

Date

(727)
445-2748

Daytime Phone #

APPROVED
AND
FILED

00 OCT 12 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E037 (9/99)