

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 771150

1. Entity Name

ST. TROPEZ CONDOMINIUM I ASSOCIATION, INC.

FILED

Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90071 019 ****61.25

Principal Place of Business

3455 COUNTRYSIDE BLVD., #105
CLEARWATER FL 33761
US

Mailing Address

3455 COUNTRYSIDE BLVD., #105
CLEARWATER FL 33761
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2402246

Applied For

Not Applicable

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

WOOD, RON
3455 COUNTRYSIDE BLVD., #105
CLEARWATER FL 33761

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 PD
NAME WOOD, RON
STREET ADDRESS 3455 COUNTRYSIDE BLVD., #105
CITY-ST-ZIP CLEARWATER FL 33761 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD
NAME COOK, JOHN
STREET ADDRESS 3455 COUNTRYSIDE BLVD., #106
CITY-ST-ZIP CLEARWATER FL 33761 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD
NAME HELEN, HONEY
STREET ADDRESS 3455 COUNTRYSIDE BLVD., #107
CITY-ST-ZIP CLEARWATER FL 33761 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wood, Pres 4/9/01 (222) 445-2748

0063479

CR2E037 (10/00)