

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90034 007 ****61.25

DOCUMENT # 771149

1. Entity Name

ST. TROPEZ COMMUNITY ASSOCIATION, INC.



Principal Place of Business

40347 US 19 NORTH
SUITE 201
TARPON SPRINGS FL 34689
US

Mailing Address

PO BOX 695
TARPON SPRINGS FL 34689
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

59-2402240

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

I & J PROPERTY MANAGEMENT INC.
40347 US 19 N
SUITE 201
TARPON SPRINGS FL 34689

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	HAJOUFI, JOLAN	
STREET ADDRESS	3455 COUNTRYSIDE BLVD #52	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VILLELLA, STEVEN	
STREET ADDRESS	3455 COUNTRYSIDE BLVD, 11	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	YONTECK, FRED	
STREET ADDRESS	2831 LANDOVER DRIVE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	WOOD, RON	
STREET ADDRESS	3455 COUNTRYSIDE BLVD #105	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harvey, Diana	
STREET ADDRESS	3455 Countryside Blvd #24	
CITY-ST-ZIP	Clearwater, FL 33761	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Touchton, Cynthia	
STREET ADDRESS	3455 Countryside Blvd #97	
CITY-ST-ZIP	Clearwater, FL 33761	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Batista, Michelle	
STREET ADDRESS	3455 Countryside Blvd #27	
CITY-ST-ZIP	Clearwater, FL 33761	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LoGuercio, Ronald	
STREET ADDRESS	3455 Countryside Blvd #37	
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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 4-0102954 727-942-4755

Date

Daytime Phone #