

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90149 006 ****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 3684 TAMPA RD SUITE 6 OADSMAR FL Zip 34677 Country US		3. Mailing Address 3684 TAMPA RD SUITE 6 OADSMAR FL Zip 34677 Country US		 1st MOORE CR2E037 (10/04)	
4. FEI Number 59-2402240				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent I & J PROPERTY MANAGEMENT INC. 40347 US 19 N SUITE 201 TARPON SPRINGS FL 34689			7. Name and Address of New Registered Agent Name: CHARLA M. CHARLA J. Street Address (P.O. Box Number is Not Acceptable): HERITAGE PROPERTY MGT. INC. 3684 TAMPA RD. SUITE 6 City: OADSMAR FL Zip Code: 34677		
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: <u>Charles J. Ballantyne</u> DATE: <u>3/25/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARVEY, DAINA 3455 COUNTRYSIDE BLVD., #24 CLEARWATER FL 33761	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TOUCHTON, CYNTHIA 3455 COUNTRYSIDE BLVD., #97 CLEARWATER FL 33761	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BATISTA, MICHELLE 3455 COUNTRYSIDE BLVD., #27 CLEARWATER FL 33761	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LOGUERCIOI, RONALD 3455 COUNTRYSIDE BLVD., #37 CLEARWATER FL 33761	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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: <u>Charles J. Ballantyne</u> <u>3/25/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					