

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90132 011 \*\*\*\*61.25

**DOCUMENT # 771150**

1. Entity Name

ST. TROPEZ CONDOMINIUM I ASSOCIATION, INC.



Principal Place of Business

3684 TAMPA RD  
SUITE 6  
OLDSMAR FL 34677  
US

Mailing Address

3684 TAMPA RD  
SUITE 6  
OLDSMAR FL 34677  
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

GALBRAITH, CHARLA J  
HERITAGE PROPERTY MGT, INC  
3684 TAMPA RD, SUITE 6  
OLDSMAR FL 34677

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 re-registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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 PD ☐ Delete  
NAME TOUCHTON, CYNTHIA  
STREET ADDRESS 3455 COUNTRYSIDE BLVD  
CITY-ST-ZIP CLEARWATER FL 33761

TITLE S ☒ Delete  
NAME COOK, JOHN  
STREET ADDRESS 3455 COUNTRYSIDE BLVD 106  
CITY-ST-ZIP CLEARWATER FL 33761

TITLE VPD ☐ Delete  
NAME MUDRA, HELEN  
STREET ADDRESS 3455 COUNTRYSIDE BLVD 107  
CITY-ST-ZIP CLEARWATER FL 33761

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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 exemptions contained in Section 119, 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]* President 4-10-06 727 643-6702