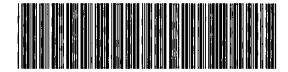
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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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SEGRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: St. Tropez Condominium 1 Association, Inc. (Name of Corporation)			
DOCUMENT NUMBER: 771150			
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
James Nolan, Jr. (Name of Contact Person)			
First Choice Association Management, Inc. (Firm/Company)			
4174 Woodlands Parkway (Address)			
Palm Harbor, Florida 34685 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Donna Miraglia at (727) 785-8887 (Name of Contact Person) (Area Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address: Amendment Section Division of Corporations Street Address: Amendment Section Division of Corporations			

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida	
in order to change its registered office or registered agent, or both, in the State of Florida.	
The name of the corporation: St. Tropez Condominium 1 Association, Inc. The name of the corporation: St. Tropez Condominium 1 Association, Inc. The name of the corporation: St. Tropez Condominium 1 Association, Inc.	
2. The principal office address: 4174 Woodlands Parkway, Palm Harbor, Florida 34685	
3. The mailing address (if different): Same	
4. Date of incorporation/qualification: 11/08/1983 Document number: 771150	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
Galbraith, Charla J	
Heritage Property Mgmt., Inc.	
3684 Tampa Road, Suite 6, Oldsmar, Florida 34677	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
James Nolan, Jr.	
c/o First Choice Association Mgmt., Inc.	
(P.O. Box NOT acceptable)	
4174 Woodlands Pkwy, Palm Harbor, Fl 34685	
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.	
(Signature of an officer or director) Cynthia Touchton, President (Printed or typed name and title)	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. (Signatur of Registered Agent) (Signatur of Registered Agent)	
(Typed or Printed Name)	