

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # 771149 1. Entity Name ST. TROPEZ COMMUNITY ASSOCIATION, INC.	
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Principal Place of Business 4174 WOODLANDS PARKWAY PALM HARBOR, FL 34685 US	Mailing Address 4174 WOODLANDS PARKWAY PALM HARBOR, FL 34685 US
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DO NOT WRITE IN THIS SPACE



02052007 No Chg-NP CR2E037 (4/06)

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 NOLAN, JAMES JR C/O FIRST CHOICE ASSOCIATION MGMT., INC. 4174 WOODLANDS PARKWAY PALM HARBOR, FL 34685

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOUCHTON, CYNTHIA 3455 COUNTRYSIDE BLVD., #97 CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BATISTA, MICHELLE 3455 COUNTRYSIDE BLVD., #27 CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LOGUERCIOI, RONALD 3455 COUNTRYSIDE BLVD., #37 CLEARWATER, FL 33761
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Michelle Battista 3-15-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #