

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 22, 2009
Secretary of State

DOCUMENT# 771149

Entity Name: ST. TROPEZ COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**4174 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US**New Principal Place of Business:****Current Mailing Address:**4174 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US**New Mailing Address:****FEI Number:** 59-2402240**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**NOLAN, JAMES JR
C/O FIRST CHOICE ASSOCIATION MGMT., INC.
4174 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: TOUCHTON, CYNTHIA
Address: 4174 WOODLANDS PARKWAY
City-St-Zip: PALM HARBOR, FL 34685**Title:** SD () Delete
Name: BATISTA, MICHELLE
Address: 4174 WOODLANDS PARKWAY
City-St-Zip: PALM HARBOR, FL 34685**Title:** DIR () Delete
Name: NORTHERN, ETTA
Address: 4174 WOODLANDS PARKWAY
City-St-Zip: PALM HARBOR, FL 34685**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** TREA (X) Change () Addition
Name: RAWLINGS, TRAVIS
Address: 4174 WOODLANDS PARKWAY
City-St-Zip: PALM HARBOR, FL 34685

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES NOLAN

AGEN

07/22/2009

Electronic Signature of Signing Officer or Director

Date