

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90069 029 ****61.25

DOCUMENT # 771150

1. Entity Name

ST. TROPEZ CONDOMINIUM I ASSOCIATION, INC.



Principal Place of Business

**3455 COUNTRYSIDE BLVD., #105
CLEARWATER FL 33761
US**

Mailing Address

**3455 COUNTRYSIDE BLVD., #105
CLEARWATER FL 33761
US**

1234



2. Principal Place of Business

3455 Countryside Blvd

3. Mailing Address

← Same

Suite, Apt. #, etc.

106

Suite, Apt. #, etc.

← Same

City & State

Clearwater FL

City & State

← Same

Zip

33761

Country

US

Zip

← Same

Country

4. FEI Number **59-2402246**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

WOOD, RON

**3455 COUNTRYSIDE BLVD., #105
CLEARWATER FL 33761**

7. Name and Address of New Registered Agent

Name

John Cook

Street Address (P.O. Box Number is Not Acceptable)

3455 Countryside Blvd #106

City

Clearwater

FL

Zip Code

33761

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 reinstating)

3/10/03

DATE

FILE NOW: FEE IS \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	PD WOOD, RON 3455 COUNTRYSIDE BLVD., #105 CLEARWATER FL 33761	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COOK, JOHN 3455 COUNTRYSIDE BLVD., #106 CLEARWATER FL 33761	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HELEN, HONEY 3455 COUNTRYSIDE BLVD., #107 CLEARWATER FL 33761	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD John Cook 3455 Countryside Blvd #106 Clearwater, FL 33761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HELEN MUORA 3455 COUNTRYSIDE BLVD #107 Clearwater, FL 33761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE REQUIRED

3/10/03

CR2E037 (10/02)