I hereby 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 all other like empowered.

SIGNATURE: FLEMING , CHRISTINE L

Electronic Signature of Signing Officer/Director Detail

03/22/2024

Date

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 771149

Entity Name: ST. TROPEZ COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

C/O CREATIVE MANAGEMENT 5510 RIVER RD SUITE 104 NEW PORT RICHY, FL 34652

Current Mailing Address:

C/O CREATIVE MANAGEMENT 5510 RIVER RD SUITE 104 NEW PORT RICHY, FL 34652 US

FEI Number: 59-2402240

Name and Address of Current Registered Agent:

KELLEY, HELEN 5510 RIVER RD SUITE 104 NEW PORT RICHY, FL 34652 US

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 | HELEN KELLEY | | | 03/22/2024 |
|---------------------------|--|-----------------|----------------------------|------------|
| | Electronic Signature of Registered Agent | | | Date |
| Officer/Director Detail : | | | | |
| Title | PRESIDENT | Title | DIRECTOR | |
| Name | MELENDEZ, BRIAN | Name | FAST, KAREN | |
| Address | 5510 RIVER RD SUITE 104 | Address | 5510 RIVER RD SUITE 104 | |
| City-State-Zip: | NEW PORT RICHY FL 34652 | City-State-Zip: | NEW PORT RICHY FL 34652 | |
| Title | SECRETARY | | | |
| Name | FLEMING, CHRISTINE L | | | |
| Address | 5510 RIVER RD SUITE 104 | | | |
| City-State-Zip: | NEW PORT RICHY FL 34652 | | | |

Certificate of Status Desired: No

FILED Mar 22, 2024 Secretary of State 5453802011CC