

2021 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
6014 US HWY 19 STE 100
NEW PORT RICHEY, FL 34652**Current Mailing Address:**C/O CREATIVE MANAGEMENT
6014 US HWY 19 STE 100
NEW PORT RICHEY, FL 34652 US**FEI Number:** 59-2402240**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KELLEY, HELEN
C/O CREATIVE MANAGEMENT
6014 US HWY 19 STE 100
NEW PORT RICHEY, 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

04/12/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name BATTISTA, MICHELLE
Address C/O CREATIVE MANAGEMENT
 6014 US HWY 19 STE 100
City-State-Zip: NEW PORT RICHEY FL 34652

Title VP
Name BORGES, PAULO
Address C/O CREATIVE MANAGEMENT
 6014 US HWY 19 STE 100
City-State-Zip: NEW PORT RICHEY FL 34652

Title TREASURER
Name COOK, JOHN
Address C/O CREATIVE MANAGEMENT
 6014 US HWY 19 STE 100
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR
Name FLEMING, CHRISTINE
Address C/O CREATIVE MANAGEMENT
 6014 US HWY 19 STE 100
City-State-Zip: NEW PORT RICHEY FL 34652

Title SECRETARY
Name NIBBELINK, JOHN
Address C/O CREATIVE MANAGEMENT
 6014 US HWY 19 STE 100
City-State-Zip: NEW PORT RICHEY FL 34652

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: JOHN NIBBELINK**SECRETARY**

04/12/2021

Electronic Signature of Signing Officer/Director Detail

Date