

**2019 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

04/14/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title            SECRETARY  
Name            CORDAS, VICKI  
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:** VICKI CORDAS

**SECRETARY**

04/14/2019

Electronic Signature of Signing Officer/Director Detail

Date