

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008534

Entity Name: ST. TROPEZ-FORT MYERS CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**C/O CASTLE GROUP
12270 SW 3RD STREET, SUITE 200
PLANTATION, FL 33325**Current Mailing Address:**C/O CASTLE GROUP
12270 SW 3RD STREET, SUITE 200
PLANTATION, FL 33325**FEI Number:** 20-2762324**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RERES, KATHLEEN ESQ.
101 E KENNESY BLVD - STE. 2800
TAMPA, FL 33602 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title DIRECTOR
Name MIZELL, MIKE
Address 2745 FIRST STREET
City-State-Zip: FORT MYERS FL 33916Title DIRECTOR
Name SCHOLTZ , ROMAN
Address 2745 FIRST STREET
City-State-Zip: FORT MYERS FL 33916Title SECRETARY
Name WARDEN, MICHAEL
Address 2745 FIRST STREET
City-State-Zip: FORT MYERS FL 33916Title PRESIDENT
Name JOHNSON, SHIREEN
Address 2745 FIRST STREET
City-State-Zip: FORT MYERS FL 33916Title TREASURER
Name NELSON, DARRELL J
Address 2745 FIRST STREET
City-State-Zip: FORT MYERS FL 33916

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: SHIREEN JOHNSON**PRESIDENT****04/16/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date