

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007586

Entity Name: SAINT TROPEZ HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**4400 HWY 20 EAST
SUITE 311
NICEVILLE, FL 32578**Current Mailing Address:**PO BOX 5263
NICEVILLE, FL 32578 US**FEI Number:** 20-3219121**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LANDSBERGER, LAURA
4400 HIGHWAY 20 E
SUITE 311
NICEVILLE, FL 32578 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:** LAURA LANDSBERGER**04/16/2018**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	BAREFIELD, BRAD
Address	26 RUE ST TROPEZ
City-State-Zip:	MIRAMAR BEACH FL 32550

Title	VP
Name	PATTERSON, KENNETH
Address	1421 MT VERNON RD
City-State-Zip:	LITHIA SPRINGS GA 30122

Title	DIRECTOR
Name	SHELTON, JUSTIN
Address	12273 EMERALD COAST PARKWAY 110
City-State-Zip:	MIRAMAR BEACH FL 32550

Title	D
Name	WALKER, DAVID
Address	4014 KILMARTIN DR
City-State-Zip:	TALLAHASSEE FL 32309

Title	DIRECTOR
Name	BEARDEN, ROBERT
Address	P.O. BOX 1344
City-State-Zip:	CARIO GA 39828

Title	DIRECTOR
Name	BALDONE, DAMON
Address	162 NEW ORLEANS BLVD
City-State-Zip:	HOUMA LA 70364

Title	OTHER
Name	LANDSBERGER, LAURA
Address	P.O. BOX 5263
City-State-Zip:	NICEVILLE FL 32578

Title	TREASURER, SECRETARY
Name	MORAN, TIM
Address	4400 E HIGHWAY 20 311
City-State-Zip:	NICEVILLE FL 32578

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: LAURA LANDSBERGER**REGISTERED AGENT****04/16/2018**

Electronic Signature of Signing Officer/Director Detail

Date