

2013 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 312
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, DARLANE
4400 HIGHWAY 20 E
SUITE 312
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	BAREFIELD, BRAD
Address	1328 PARK TRACE SE
City-State-Zip:	ATLANTA GA 30315

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

Title	D
Name	YON, TERRY
Address	2930 CRESCENT DR
City-State-Zip:	TALLAHASSEE FL 32301

Title	PRESIDENT
Name	EGAN, JASON
Address	5996 COLONEL SCOTT DRIVE
City-State-Zip:	TALLAHASSEE FL 32309

Title	S, TREASURER
Name	AMIR, BAYANI
Address	5704 DOWNINGTON WAY
City-State-Zip:	ACHWORTH GA 30101

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

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: JASON EGAN

PRESIDENT

04/17/2013

Electronic Signature of Signing Officer/Director Detail_____
Date