

2015 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 P
Name BAREFIELD, BRAD
Address 1328 PARK TRACE SE
City-State-Zip: ATLANTA GA 30315

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

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

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

Title DIRECTOR
Name COOK, HOUSTON
Address 4244 OLD BROOK TRAIL
City-State-Zip: BIRMINGHAM AL 35243

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: BRAD BAREFIELD

P

04/21/2015

Electronic Signature of Signing Officer/Director Detail

Date