

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N49610

**Entity Name:** ST. TROPEZ AT BOCA GOLF PROPERTY OWNERS ASSOCIATION, INC.

**FILED**  
**Feb 04, 2014**  
**Secretary of State**  
**CC4107994706**

**Current Principal Place of Business:**

17293 BOCA CLUB BLVD.  
BOCA RATON, FL 33487

**Current Mailing Address:**

C/O AIGEAN MANAGEMENT  
4700 SHERIDAN ST. SUITE J  
HOLLYWOOD, FL 33021 US

**FEI Number: 65-0355953**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CHAPNICK COMMUNITY ASSOCIATION LAW, PA  
5301 N. FEDERAL HWY.  
SUITE 250  
BOCA RATON, FL 33487 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 VP  
Name NIESEN, LOIS  
Address 17239-6 BOCA CLUB BLVD  
City-State-Zip: BOCA RATON FL 33487

Title TREASURER  
Name ASHER, BARBARA  
Address 17269-3 BOCAL CLUB BLVD  
City-State-Zip: BOCA RATON FL 33487

Title SECRETARY  
Name MICALI, JOHN  
Address 17223-6 BOCA CLUB BLVD  
City-State-Zip: BOCA RATON FL 33487

Title DIRECTOR  
Name ROSELLI, GIUSEPPE  
Address 17263-4 BOCA CLUB BLVD  
City-State-Zip: BOCA RATON FL 33487

Title PRESIDENT  
Name VOGT, HAROLD  
Address 17317-6  
City-State-Zip: BOCA RATON FL 33487

*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: HAROLD VOGT**

**PRESIDENT**

**02/04/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date