

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90120 003 ****61.25

DOCUMENT # 771149

1. Entity Name
ST. TROPEZ COMMUNITY ASSOCIATION, INC.

Principal Place of Business 352 WESTWINDS DRIVE SUITE 103 PALM HARBOR FL 34683 US	Mailing Address 352 WESTWINDS DRIVE SUITE 103 PALM HARBOR FL 34683-1043 US
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 40347 US 19 NORTH Suite, Apt. #, etc. SUITE 201	3. Mailing Address P.O. Box 695 Suite, Apt. #, etc.
---	---

City & State TARPON SPRINGS	City & State TARPON SPRINGS	4. FEI Number 59-2402240	Applied For <input type="checkbox"/> Not Applicable
Zip 34689	Country PINELLAS	Zip 34689	Country PINELLAS

6. Name and Address of Current Registered Agent
I & J PROPERTY MANAGEMENT INC.
352 WESTWINDS DRIVE
SUITE 103
PALM HARBOR FL 34683

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
------------------------------------	---	---------------------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HAJOUFI, JOLAN 3455 COUNTRYSIDE BLVD #52 CLEARWATER FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILLELLA, STEVEN 3455 COUNTRYSIDE BLVD, 11 CLEARWATER FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CHIPPI, KAREN 3455 CUNTRYSIDE BLVD CLEARWATER FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MASTROIDES, KEITH 3455 COUNTRYSIDE BLVD., #55 CLEARWATER FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOD, RON 3455 COUNTRYSIDE BLVD #105 CLEARWATER, FL 33761 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YONTECK, FRED 2831 LANDOVER DRIVE CLEARWATER FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: JOLAN HAJOUFI
 Daytime Phone #: 727-942-4755

CR2E037 (9/99)