

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 771150 (0)
1. Corporation Name
ST. TROPEZ CONDOMINIUM I ASSOCIATION, INC.



Principal Place of Business 352 WEST WINDS DR. PALM HARBOR FL 34683	Mailing Address P.O. BOX 695 TARPON SPRINGS FL 34689
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3. Date Incorporated or Qualified
11/08/1983

4. FEI Number 59-2402246	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 40347 US 19 NORTH Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 SUITE 201 City & State	27 City & State
23 TARPON SPRINGS Zip	28 City & State
24 34689 25 FLORIDA	29 Zip 30 Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**I & J PROPERTY MANAGEMENT INC.
352 WEST WINDS DR.
PALM HARBOR FL 34683**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 85 FL Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	COOK, JOHN J.	
STREET ADDRESS	3455 COUNTRYSIDE BL #106	
CITY-ST-ZIP	CLEARWATER FL 34621	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	GILDERSLEEVE, CONSTANCE	
STREET ADDRESS	3455 COUNTRYSIDE BL #99	
CITY-ST-ZIP	CLEARWATER FL 34621	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	NELSON, CHRISTINE	
STREET ADDRESS	3455 COUNTRYSIDE BLVD #105	
CITY-ST-ZIP	CLEARWATER FL 34621	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Constance J. Gildersleeve* 2-11-98 813-942-4755

CR2E037 (10/97)