

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 09, 1999 8:00 am
Secretary of State

0072306

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

03-09-1999 90023 047 ****61.25

DOCUMENT # 771150

1. Corporation Name

ST. TROPEZ CONDOMINIUM I ASSOCIATION, INC.

Principal Place of Business

40347 US 19 NORTH
 STE 201
 TARPON SPRINGS FL 34689
 US

Mailing Address

P.O. BOX 695
 TARPON SPRINGS FL 34689



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/08/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2402246	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		Trust Fund Contribution	
24	25	29	30		

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, JOHN J.	1.2 NAME	TOUGENTON, CYNTHIA
STREET ADDRESS	3455 COUNTRYSIDE BL #106	1.3 STREET ADDRESS	3455 COUNTRYSIDE BLVD #99
CITY-ST-ZIP	CLEARWATER FL 34621	1.4 CITY-ST-ZIP	CLEARWATER, FL 33761
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILDERSLEEVE, CONSTANCE	2.2 NAME	
STREET ADDRESS	3455 COUNTRYSIDE BL #99	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34621	2.4 CITY-ST-ZIP	33761
TITLE	STD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VPD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, CHRISTINE	3.2 NAME	HONEY, HELEN
STREET ADDRESS	3455 COUNTRYSIDE BLVD #105	3.3 STREET ADDRESS	3455 COUNTRYSIDE BLVD #107
CITY-ST-ZIP	CLEARWATER FL 34621	3.4 CITY-ST-ZIP	CLEARWATER, FL 33761
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Constance Gildersleeve* 2-22-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)