

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**  
 03-20-2000 90057 041 \*\*\*\*61.25

**DOCUMENT # 771150**

1. Entity Name

**ST. TROPEZ CONDOMINIUM I ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

% JIM NOBLES MANAGMENT  
 800 TARPON WOODS BLVD., SUITE F-1  
 TARPON SPRINGS FL 34685  
 US

P.O. BOX 695  
 TARPON SPRINGS FL 34688-0695

00039910



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

*251 WINDWARD PASSAGE*

*251 WINDWARD PASS.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*Suite F*

*Suite F*

City & State

City & State

*CLEARWATER, FL*

*CLEARWATER, FL.*

4. FEI Number

**59-2402246**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

Zip

Country

*33767*

*USA*

Zip

Country

*33767*

*USA*

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JIM NOBLES MANAGEMENT INC.  
 800 TARPON WOODS BLVD.  
 SUITE F-1  
 PALM HARBOR FL 34685

Name

*JIM NOBLES MANAGEMENT INC*

Street Address (P.O. Box Number is Not Acceptable)

*251 WINDWARD PASSAGE*

Suite, Apt. #, etc.

*Suite F*

City

*CLEARWATER*

FL

Zip Code

*33767*

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

*Sharon O. Surges*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*3-9-00*

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN-10		
TITLE	<b>STD</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TOUCHTON, CYNTHIA</b>		NAME		
STREET ADDRESS	<b>3455 COUNTRYSIDE BLVD 97</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CLEARWATER FL 33761</b>		CITY-ST-ZIP		
TITLE	<b>PD</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GILDERSLEEVE, CONSTANCE</b>		NAME		
STREET ADDRESS	<b>3455 COUNTRYSIDE BL #99</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CLEARWATER FL 33761</b>		CITY-ST-ZIP		
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HONEY, HELEN</b>		NAME		
STREET ADDRESS	<b>3455 COUNTRYSIDE BLVD 107</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CLEARWATER FL 33761</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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**

*Constance J. Gildersleeve* *3-13-2000* *727-787-2922*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 19/999