


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90045 016 \*\*\*\*61.25

<b>DOCUMENT # N00000003816</b>			
1. Entity Name <b>ST. TROPEZ CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>2105 LAVERS CIRCLE DELRAY BEACH FL 33444</b>		Mailing Address <b>98 SE 6TH AVENUE SUITE # 2 DELRAY BEACH FL 33483</b>	
2. Principal Place of Business		3. Mailing Address <b>JMD PROPERTIES, INC.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>904 SE 5TH AVE</b>	
City & State		City & State <b>DELRAY BEACH, FL</b>	
Zip	Country	Zip	Country
		<b>33483</b>	<b>USA</b>
4. FEI Number <b>65-1100223</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

**94041935**



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent <b>DAGHER, JOSEPH M MANAGER 98 SE 6TH AVENUE SUITE 2 DELRAY BEACH FL 33483</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable) <b>904 SE 5TH AVE</b>		Street Address (P.O. Box Number is Not Acceptable)	
City <b>DELRAY BEACH</b>		City <b>FL</b>	Zip Code <b>33483</b>

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. I am familiar with, and accept the obligations of registered agent.

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

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAURI, FRANK P 2105 LAVER'S CIRCLE #512 DELRAY BEACH FL 33483 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DR. JEROME LAMBERT 2015 LAVERS CIRCLE #108 DELRAY BEACH, FL 33483 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MITTENTHAL, JOSHUA 2105 LAVERS CIRCLE APT 304 DELRAY BEACH FL 33444 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ZNDVP BARBARA BLUE 2105 LAVERS CIRCLE #106 DELRAY BEACH, FL - 33483 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAINES, GEORGE 2105 LAVERS CIRCLE APT 106 DELRAY BEACH FL 33444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WOHLFIEL, DALE 2105 LAVERS CIRCLE APT 308 DELRAY BEACH FL 33444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEMATTIA, DEBORAH 2105 LAVERS CIRCLE APT 412 DELRAY BEACH FL 33444 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANNE HELMINTOLLER 2105 LAVERS CIRCLE #103 DELRAY BEACH, FL 33483 <input type="checkbox"/> Change <input checked="" 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:**  **3-25-04 561-276-9441**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Attachment*

#NO 0000003816

**ST. TROPEZ CONDOMINIUM ASSOCIATION**

**2004 BOARD OF DIRECTORS**

**St Tropez Condominium Association, Inc.**  
2105 Lavers Circle  
Delray Beach Fl 33444  
Tel/Fax: 276-9411

**Mr. Dale Wohlfeil – President**

e-mail: [poppidale@ad.net](mailto:poppidale@ad.net)

2105 Lavers Circle # 308  
Delray Beach, FL 33444  
Tel: 279-2321

**George Haines – Ist. Vice President**

2105 Lavers Circle #106  
Delray Beach, Fl. 33444  
Tel: 610-715-1411

**Barbara Blue – Second Vice-President**

2105 Lavers Circle # 306  
Delray Beach, Fl. 33444  
Tel: 274-7424

**Dr. Jerome Lambert - Treasurer**

2015 Lavers Circle #108  
Delray Beach, Fl. 3444  
Tel: 243-1288

**Anne Helmtoller – Vice President**

2105 Lavers Circle Apt. 103  
Delray Beach, Fl. 33444  
Tel: 265-4680

e mail: [ptdbanne@msn.com](mailto:ptdbanne@msn.com)