

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003816

FILED
Apr 15, 2006
Secretary of State

Entity Name: ST. TROPEZ CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

904 SE 5TH AVE
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

904 SE 5TH AVE
DELRAY BEACH, FL 33483

New Mailing Address:

FEI Number: 65-1100223 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAGHER, JOSEPH M
904 SE 5TH AVE
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WOHLFEIL, DALE
Address: 2105 LAVERS CIRCLE #308
City-St-Zip: DELRAY BEACH, FL 33444 US

Title: VPD () Delete
Name: HELMINTOLLER, ANNE
Address: 2105 LAVERS CIRCLE #103
City-St-Zip: DELRAY BEACH, FL 33444 US

Title: SD () Delete
Name: DEMATTIA, DEBORAH
Address: 2105 LAVERS CIRCLE
City-St-Zip: DELRAY BEACH, FL 33444 US

Title: TD () Delete
Name: BLUE, BARBARA
Address: 2105 LAVERS CIRCLE #306
City-St-Zip: DELRAY BEACH, FL 33444 US

Title: D () Delete
Name: DUDREAR, MARYANNE
Address: 2105 LAVERS CIRCLE
City-St-Zip: DELRAY BEACH, FL 33444 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: GATTO, CARINA
Address: 2105 LAVERS CIRCLE #408
City-St-Zip: DELRAY BEACH, FL 33444 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LAMBERT, JEROME DR
Address: 2105 LAVERS CIRCLE
City-St-Zip: DELRAY BEACH, FL 33444 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DALE WOHLFEIL

PD

04/15/2006

Electronic Signature of Signing Officer or Director

_____ Date