


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2007 08:00 A**  
**Secretary of State**

402368

DOCUMENT # N00000003816	
1. Entity Name ST. TROPEZ CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 6300 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487	Mailing Address 6300 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01092007 Chg-NP CR2E037 (12/06)

4. FEI Number  
65-1100223

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

ST TROPEZ CONOMINIUM ASSOC. INC.  
 6300 PARK OF COMMERCE BLD.  
 BOCA RATON, FL 33487

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

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)

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOHLFEIL, DALE 2105 LAVERS CIRCLE #308 DELRAY BEACH, FL 33444	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HELMINTOLLER, ANNE 2105 LAVERS CIRCLE #103 DELRAY BEACH, FL 33444	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GATTO, CARINA 2105 LAVERS CIRCLE #408 DELRAY BEACH, FL 33444	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BLUE, BARBARA 2105 LAVERS CIRCLE #306 DELRAY BEACH, FL 33444	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMBERT, JEROME DR 2105 LAVERS CIRCLE DELRAY BEACH, FL 33444	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

U00000689708  
 04/11/07-80042-023 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Carina Gatto* 3/29/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #