2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000003816

FILED Feb 23, 2009 Secretary of State

Entity Name: ST. TROPEZ CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2105 LAVERS CIRCLE 2105 LAVERS CIRCLE DELRAY BEACH, FL 33487 DELRAY BEACH, FL 33444 **Current Mailing Address: New Mailing Address:** 2105 LAVERS CIRCLE 2105 LAVERS CIRCLE DELRAY BEACH, FL 33487 DELRAY BEACH, FL 33444 FEI Number: 65-1100223 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HILLEY & WYANT - CORTEZ, P.A. 860 US HWY ONE STE 108 N PALM BEACH, FL 334083825 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition WOHLFEIL, DALE Name: Name: 2105 LAVERS CIRCLE #308 Address: Address: City-St-Zip: DELRAY BEACH, FL 33444 US City-St-Zip: Title: () Delete Title: () Change () Addition HELMINTOLLER, ANNE Name: Name: Address: 2105 LAVERS CIRCLE #103 Address: City-St-Zip: DELRAY BEACH, FL 33444 US City-St-Zip: Title: () Delete Title: () Change () Addition GATTO, CARINA Name: Name: 2105 LAUERS CIRCLE #408 Address: Address: City-St-Zip: DELRAY BEACH, FL 33444 US City-St-Zip: Title: () Delete Title: () Change () Addition DEMATTIA, DEBBIE Name: Name: 2105 LAUERS CIRCLE #412 Address: Address: City-St-Zip: DELRAY BEACH, FL 33444 US City-St-Zip: Title: () Delete Title: (X) Change () Addition FITTANTE, LISA BLUE, BARBARA Name: Name: 2105 LAURES CIRCLE #303 2105 LAURES CIRCLE #306 Address: Address: City-St-Zip: DELRAY BEACH, FL 33444 US City-St-Zip: DELRAY BEACH, FL 33444 US

I hereby certify that the information supplied with this filing does not qualify 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: ANNE HELMINTOLLER VP 02/23/2009