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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N01944

1. Corporation Name

ST. TROPEZ CONDOMINIUM II ASSOCIATION, INC.

Principal Place of Business

352 WESTWINDS DR
 PALM HARBOR FL 34683

Mailing Address

352 WESTWINDS DR
 PALM HARBOR FL 34683



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

03/14/1984

4. FEI Number

59-2402251

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

I & J PROPERTY MGMT INC
 352 WESTWINDS DR
 PALM HARBOR 34683

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD DELETE
 NAME WILLIAMS, A.D.
 STREET ADDRESS 3455 COUNTRYSIDE BLV #11
 CITY-ST-ZIP CLEARWATER FL

TITLE SD DELETE
 NAME WILLIAMS, ANN
 STREET ADDRESS 3455 COUNTRYSIDE BLV #11
 CITY-ST-ZIP CLEARWATER FL

TITLE VPD DELETE
 NAME YONTECK, FRED
 STREET ADDRESS 2831 LANDOVER DRIVE
 CITY-ST-ZIP CLEARWATER FL

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VPD Change Addition
 1.2 NAME STUEBAKER, FLOYD
 1.3 STREET ADDRESS 3455 COUNTRYSIDE BLVD #11
 1.4 CITY-ST-ZIP CLEARWATER, FL 33761

2.1 TITLE SD Change Addition
 2.2 NAME HOOGLAND, LUZMARINA
 2.3 STREET ADDRESS 2277 ABBEY LANE
 2.4 CITY-ST-ZIP PALM HARBOR, FL 33761

3.1 TITLE ~~VPD~~ PO Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-99
 Date

727-942-4955
 Daytime Phone #

CR2E037 (1/198)