

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01944

1. Entity Name

ST. TROPEZ CONDOMINIUM II ASSOCIATION, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90079 013 ****61.25

Principal Place of Business

Mailing Address

352 WESTWINDS DR
 PALM HARBOR FL 34683

352 WESTWINDS DR
 PALM HARBOR FL 34683-1043



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

40347 US 19 NORTH

P O BOX 695

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 201

TARPON SPRINGS

TARPON SPRINGS, FL

4. FEI Number

59-2402251

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Delete
NAME	STUDEBAKER, FLOYD	
STREET ADDRESS	3455 COUNTRY SIDE BLVD #11	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HOOGLAND, LUZMARINA	
STREET ADDRESS	2277 ABBEY LANE	
CITY-ST-ZIP	PLAM HARBOR FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	YONTECK, FRED	
STREET ADDRESS	2831 LANDOVER DRIVE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-942-4755

CR2E037 (9/99)