

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90121 019 \*\*\*\*61.25

**DOCUMENT # N01944**

1. Entity Name

**ST. TROPEZ CONDOMINIUM II ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**#0347 US 19 NORTH  
 SUITE 201  
 TARPON SPRINGS FL 34689**

**PO BOX 695  
 TARPON SPRINGS FL 34689**

**B0031482**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2402251**

Applied For

Not Applicable

Zip

Country

Zip

Country

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 FL 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**  Delete  
 NAME **STUDEBAKER, FLOYD**  
 STREET ADDRESS **3455 COUNTRY SIDE BLVD #11**  
 CITY-ST-ZIP **CLEARWATER FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PD**  Delete  
 NAME **YONTECK, FRED**  
 STREET ADDRESS **2831 LANDOVER DRIVE**  
 CITY-ST-ZIP **CLEARWATER FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD**  Delete  
 NAME **FLYNN, SUSAN**  
 STREET ADDRESS **3455 COUNTRYSIDE BLVD #02**  
 CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VPD**  Change  Addition  
 NAME **Hoogland, Luzmarina**  
 STREET ADDRESS **2277 B Abbey Lane**  
 CITY-ST-ZIP **Palm Harbor, Fl 34683**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **STD**  Change  Addition  
 NAME **Harvey, Diane**  
 STREET ADDRESS **3455 Countryside Blvd.#24**  
 CITY-ST-ZIP **Clearwater, Fl 33761**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-9942-4755  
 1/23/02

CR2E037 (9/01)