


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90987 002 ****61.25

DOCUMENT # N01944

1. Entity Name
ST. TROPEZ CONDOMINIUM II ASSOCIATION, INC.



Principal Place of Business
**40347 US 19 NORTH
 SUITE 201
 TARPON SPRINGS, FL 34689**

Mailing Address
**PO BOX 695
 TARPON SPRINGS, FL 34689**

14015449



2. Principal Place of Business
**3684 TAMPA RD
 SUITE 6
 OLD SMAR FL**

3. Mailing Address
**3684 TAMPA RD
 SUITE 6
 OLD SMAR FL**

City & State
OLD SMAR FL

Zip Country
34677 US

04282005 Chg-NP CR2E037 (10/03)

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

7. Name and Address of New Registered Agent
 Name
CHARLA GALBRAITH
 Street Address (P.O. Box Number is Not Acceptable)
**31 HERITAGE PROPERTY MGT. INC.
 3684 TAMPA RD SUITE 6**
 City
OLD SMAR FL Zip Code
34677

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 *Charla Galbraith* **4/28/05**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
CHARLA J. GALBRAITH

Filing Fee is \$61.25 Due by May 1, 2005

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD YONTECK, FRED 2831 LANDOVER DRIVE CLEARWATER, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PEPE, EMANUELE 3455 COUNTRYSIDE BLVD., #18 CLEARWATER, FL 33761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARVEY, DIANE 3455 COUNTRYSIDE BLVD., #24 CLEARWATER, FL 33761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Diane Harvey*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DIANE HARVEY** Date Daytime Phone #
PRES