
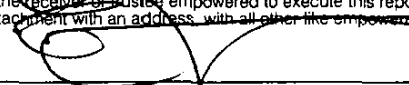


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90039 009 ****61.25

DOCUMENT # N01944 1. Entity Name ST. TROPEZ CONDOMINIUM II ASSOCIATION, INC.					
Principal Place of Business 3684 TAMPA RD SUITE 6 OLDSMAR, FL 34677			Mailing Address 3684 TAMPA RD SUITE 6 OLDSMAR, FL 34677		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2402251	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GALBRAITH, CHARLA C/O HERITAGE PROPERTY MGMT, INC 3684 TAMPA RD, SUITE 6 OLDSMAR, FL 34677				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	STD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YONTECK, FRED		NAME	COULSON, DOTTIE	
STREET ADDRESS	2831 LANDOVER DRIVE		STREET ADDRESS	3455 COUNTRYSIDE BLVD. #1	
CITY - ST - ZIP	CLEARWATER, FL		CITY - ST - ZIP	CLEARWATER FL 33761	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEPE, EMANUELE		NAME		
STREET ADDRESS	3455 COUNTRYSIDE BLVD., #18		STREET ADDRESS		
CITY - ST - ZIP	CLEARWATER, FL 33761		CITY - ST - ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ETTAM, MORTHERN		NAME	NORTHERN, ETTR	
STREET ADDRESS	5844 COUNTRY SIDE BLVD #11		STREET ADDRESS		
CITY - ST - ZIP	CLEARWATER, FL 33761		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			4-3-07 727-784-4594 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ETTA NORTHERN Daytime Phone #		