

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90040 049 ****70.00

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 # 90 COMMUNITY ACCTG & MGMT			3. Mailing Address 90 COMMUNITY ACCTG & MGMT		
Suite, Apt. #, etc. 40347 US 19 N, STE 129			Suite, Apt. #, etc. 40347 US 19 N, STE 129		
City & State TARPON SPRINGS FL			City & State TARPON SPRINGS, FL		
Zip 34689		Country USA		Zip 34689	
Country USA		4. FEI Number 59-2402251			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GALBRAITH, CHARLA C/O HERITAGE PROPERTY MGMT, INC 3684 TAMPA RD, SUITE 6 OLDSMAR, FL 34677				7. Name and Address of New Registered Agent Name JANET K SPOONSTER Street Address (P.O. Box Number is Not Acceptable) 90 COMMUNITY ACCTG & MGMT 40347 US 19 N, STE 129 City TARPON SPRINGS FL Zip Code 34689	
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, 2008		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 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	DVD YONTECK, FRED 2831 LANDOVER DRIVE CLEARWATER, FL
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COULSON, DOTTIE 3455 COUNTRY SIDE BLVD #1 CLEARWATER, FL 33761	<input checked="" type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NORTHERN, ETTIE 5844 COUNTRY SIDE BLVD #11 CLEARWATER, FL 33761	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LEON, GIANNA 3455 COUNTRY SIDE BLVD #14 CLEARWATER, FL 33761	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LEON, GIANNA 3455 COUNTRY SIDE BLVD #14 CLEARWATER, FL 33761	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LEON, GIANNA 3455 COUNTRY SIDE BLVD #14 CLEARWATER, FL 33761	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LEON, GIANNA 3455 COUNTRY SIDE BLVD #14 CLEARWATER, FL 33761	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LEON, GIANNA 3455 COUNTRY SIDE BLVD #14 CLEARWATER, FL 33761	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			4/1/2008		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		