

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01944

FILED  
Apr 22, 2009  
Secretary of State

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

**Current Principal Place of Business:**

C/O COMMUNITY ACCTGEMONT  
40347 US 19 N, STE 129  
TARPON SPRINGS, FL 34689

**New Principal Place of Business:**

**Current Mailing Address:**

C/O COMMUNITY ACCTGEMONT  
40347 US 19 N, STE 129  
TARPON SPRINGS, FL 34689

**New Mailing Address:**

FEI Number: 59-2402251

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SPOONSTER, JANET K  
C/O COMMUNITY ACCTGEMOMT  
40347 US 19 N, STE 129  
TARPON SPRINGS, FL 34689 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DVP ( ) Delete  
Name: YONTECK, FRED  
Address: 2831 LANDOVER DRIVE  
City-St-Zip: CLEARWATER, FL

Title: DST ( ) Delete  
Name: GIANNA, LEON  
Address: 3455 COUNTRYSIDE BLVD #14  
City-St-Zip: CLEARWATER, FL 33761

Title: PD ( ) Delete  
Name: NORTHERN, ETTA  
Address: 5844 COUNTRY SIDE BLVD #11  
City-St-Zip: CLEARWATER, FL 33761

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: NORTHERN, ETTA  
Address: 3455 COUNTRYSIDE BLVD #11  
City-St-Zip: CLEARWATER, FL 33761

Title: DT (X) Change ( ) Addition  
Name: GIANNA, LEON  
Address: 3455 COUNTRYSIDE BLVD #14  
City-St-Zip: CLEARWATER, FL 33761

Title: PS (X) Change ( ) Addition  
Name: CORRALES, JAVIER  
Address: 3455 COUNTRYSIDE BLVD #1  
City-St-Zip: CLEARWATER, FL 33761

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANET K SPOONSTER

AGT

04/22/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date