

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01944

FILED
Apr 25, 2011
Secretary of State

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

Current Principal Place of Business:

C/O ASSOCIATION ACCOUNTING & MGMT
40347 US 19 N, STE 129
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

C/O ASSOCIATION ACCOUNTING & MGMT
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 ()

Name and Address of Current Registered Agent:

STAFFORD, BRUCE R
C/O ASSOCIATION ACCOUNTING & MGMT
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: DP
Name: NORTHERN, ETTA
Address: 3455 COUNTRYSIDE BLVD #11
City-St-Zip: CLEARWATER, FL 33761

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

Title: DS
Name: CORRALES, JAVIER
Address: 3455 COUNTRYSIDE BLVD #1
City-St-Zip: CLEARWATER, FL 33761

I hereby 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 all other like empowered.

SIGNATURE: ETTA NORTHERN

PD

04/25/2011

Electronic Signature of Signing Officer or Director

Date