

N01944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

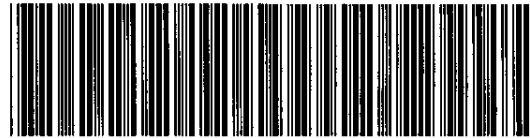
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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C. MUSTAIN

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: St Tropez Condominium II Association Inc
Name of Corporation

DOCUMENT NUMBER: N01944

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Helen Kelley, LCAM, CMCA, AMS
Name of Contact Person

Creative Management
Firm/Company

6014 US Hwy 19 Ste 100
Address

New Port Richey FL 34652
City/State and Zip Code

hkelly@creative-mgmt.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Helen Kelley at (727) 478-4909
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: St Tropez Condominium II Association, Inc.
2. The principal office address: 6014 US Hwy 19 Ste 100
New Port Richey FL 34652
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/14/1984 Document number: N01944

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

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

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Helen Kelley, c/o Creative Management
6014 US Hwy 19 Ste 100
P.O. Box NOT acceptable
New Port Richey FL 34652

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Mark A. Brotherton Mark A. Brotherton Pres.
Signature of an officer or director Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature] 9/5/12
Signature of Registered Agent Date

If signing on behalf of an entity:

Helen Kelley
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)