

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90019 049 ****61.25

DOCUMENT # N03820

1. Entity Name

ST. TROPEZ CONDOMINIUM III ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~952 WEST WINDS~~
PALM HARBOR FL 34683
 US

C/O IJ PROPERTY MANAGEMENT
P.O. BOX 695
TARPON SPRINGS FL 34688-0695
 US

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

40347 US 19 N

~~██████████~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 201

City & State
TARPON SPRINGS, FL

City & State

4. FEI Number

59-2469073

Applied For

Not Applicable

Zip

Country

Zip

Country

34689

FLORIDA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KARAGIANIS, IRENE
352 WEST WINDS DRIVE
PALM HARBOR FL 34683

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** Delete
 NAME **KNISHASE, KIM**
 STREET ADDRESS **3455 COUNTRYSIDE BLVD 29**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE **D** Change Addition
 NAME **LOGUERCIO, RONALD**
 STREET ADDRESS **3455 COUNTRY SIDE BLVD 39**
 CITY-ST-ZIP **CLEARWATER, FL 33761**

TITLE **STD** Delete
 NAME **LIPP, KATHRYN**
 STREET ADDRESS **3455 COUNTRY SIDE BLVD. 36**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE **TD** Change Addition
 NAME **YONTECK, FRED**
 STREET ADDRESS **2831 LANDOVER DRIVE**
 CITY-ST-ZIP **CLEARWATER, FL 33761**

TITLE **PD** Delete
 NAME **HORAN, KEVIN**
 STREET ADDRESS **3460 COUNTRYSIDE BLVD, #15**
 CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-07-00

Date

727-942-4755

Daytime Phone #

CR2E037 (9/99)