

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90121 018 ****61.25

DOCUMENT # N03820

1. Entity Name

ST. TROPEZ CONDOMINIUM III ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**40347 US 19 N
 STE 201
 TARPON SPRINGS FL 34689
 US**

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2469073

Applied For

Not Applicable

Zip

Country

Zip

Country

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 **D** Delete
 NAME **LOGUERCIO, RONALD**
 STREET ADDRESS **3455 COUNTRYSIDE BLVD 37**
 CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE **STD** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE **VPD** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Change Addition
 NAME **Leroux, Janet**
 STREET ADDRESS **3455 Countryside Blvd. #39**
 CITY-ST-ZIP **Clearwater, Fl 33761**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/2002 727-942-4755
 Date Daytime Phone #

CR2E037 (9/01)