


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90445 043 \*\*\*\*61.25

<b>DOCUMENT # N03820</b> 1. Entity Name <b>ST. TROPEZ CONDOMINIUM III ASSOCIATION, INC.</b>	
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Principal Place of Business <b>40347 US 19 N STE 201 TARPON SPRINGS FL 34689 US</b>	Mailing Address <b>C/O IJ PROPERTY MANAGEMENT P.O. BOX 695 TARPON SPRINGS FL 34688-0695 US</b>
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2. Principal Place of Business <b>3684 TAMPA RD SUITE 6 OLDSMAR FL 34677 USA</b>	3. Mailing Address <b>3684 TAMPA RD SUITE 6 OLDSMAR FL 34677 USA</b>
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4. FEI Number <b>59-2469073</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>KARAGIANIS, IRENE 352 WEST WINDS DRIVE PALM HARBOR FL 34683</b>	7. Name and Address of New Registered Agent Name <b>Heritage Property Management, Inc</b> Street Address (P.O. Box Number is Not Acceptable) <b>3684 Tampa Rd Suite 6 Oldsmar FL 34677</b>
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	STD YONTECK, FRED	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2831 LANDOVER DRIVE	NAME	
STREET ADDRESS	CLEARWATER FL 33761	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete			
TITLE	VPD BATTISTA, MICHELLE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3455 COUNTRYSIDE BLVD. #27	NAME	
STREET ADDRESS	CLEARWATER FL 33761	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete			
TITLE	PD LEROUX, JANET	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3455 COUNTRYSIDE BLVD #39	NAME	
STREET ADDRESS	CLEARWATER FL 33761	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete			
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete			
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: \_\_\_\_\_ DATE: **2/23/05** DAYTIME PHONE #: **727**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR