

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90020 008 \*\*\*\*61.25

<b>DOCUMENT # N03820</b>					
<b>1. Entity Name</b> ST. TROPEZ CONDOMINIUM III ASSOCIATION, INC.					
<b>Principal Place of Business</b> 3684 TAMPA RD SUITE 6 OLDSMAR, FL 34677 US			<b>Mailing Address</b> 3684 TAMPA RD SUITE 6 OLDSMAR, FL 34677 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 4174 WOODLANDS PARKWAY		<b>3. Mailing Address</b> 4174 WOODLANDS PARKWAY			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> PALM HARBOR FL		<b>City &amp; State</b> PALM HARBOR FL		<b>4. FEI Number</b> 59-2469073	
<b>Zip</b> 34685		<b>Country</b> US		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> HERITAGE PROPERTY MANAGEMENT, INC 3684 TAMPA RD SUITE 6 OLDSMAR, FL 34677			<b>7. Name and Address of New Registered Agent</b> Name: FIRST CHOICE ASSOCIATION MANAGEMENT, INC. Street Address (P.O. Box Number is Not Acceptable): 4174 WOODLANDS PARKWAY City: PALM HARBOR FL Zip Code: 34685		
<b>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.</b> SIGNATURE: <i>[Signature]</i> DATE: 4/3/07					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> 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>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	STD YONTECK, FRED 2831 LANDOVER DRIVE CLEARWATER, FL 33761	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	PD BATTISTA, MICHELLE 3455 COUNTRYSIDE BLVD. #27 CLEARWATER, FL 33761	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	VP EVANS, JOHN 3455 COUNTRYSIDE BLVD SUITE 42 CLEARWATER, FL 33761	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete			
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b> <i>Michelle D. Battista, PRES</i> <b>3-14-07 727784-6599</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					