

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04289 (7)
1. Corporation Name

ST. TROPEZ CONDOMINIUM IV ASSOCIATION, INC.



Principal Place of Business 4800 MILE STRETCH RD HOLIDAY FL 34690	Mailing Address P.O. BOX 3370 HOLIDAY FL 34690-3370 US
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3. Date Incorporated or Qualified 07/20/1984	3a. Date of Last Report 05/01/1995
4. FEI Number 59-2425998	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

9. Name and Address of Current Registered Agent REIMER, FREDERICK 4800 MILE STRETCH RD HOLIDAY FL 34690	10. Name and Address of New Registered Agent <table border="1" style="width: 100%;"> <tr><td>81. Name</td></tr> <tr><td>82. Street Address (P.O. Box Number is Not Acceptable)</td></tr> <tr><td>83. City</td></tr> <tr><td>84. City</td></tr> <tr><td>85. Zip Code</td></tr> </table>	81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83. City	84. City	85. Zip Code
81. Name						
82. Street Address (P.O. Box Number is Not Acceptable)						
83. City						
84. City						
85. Zip Code						

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD SLATTERY, DENISE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3455 COUNTRYSIDE BLVD., #52	1.2 NAME	
STREET ADDRESS	CLEARWATER FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	34621
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGER-WILSON, GAYNELL	2.2 NAME	
STREET ADDRESS	1550 FLORIDA AVE.	2.3 STREET ADDRESS	2 Bentwood Lane
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	Fletcher, NC 28732
TITLE	STD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRY, BARBARA	3.2 NAME	
STREET ADDRESS	3455 COUNTRYSIDE BLVD #65	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	34621
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 115.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Denise R Slattery Date: 11-16-96 Daytime Phone #: 796 0900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)