

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 23 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **N04905** (8)

1. Corporation Name

ST. TROPEZ CONDOMINIUM V ASSOCIATION, INC.

Principal Place of Business

Mailing Address

352 WESTWINDS DR.
PALM HARBOR FL 34683
US

P. O. BOX 695
TARPOON SPGS. FL 34689
US

3. Date Incorporated or Qualified

08/29/1984

3a. Date of Last Report

03/08/1994

4. FEI Number

59-2469253

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KARAGIANIS, IRENE
352 WESTWINDS DR.
PALM HARBOR FL 34683

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD
NAME BURCHAM, CAROLE A.
STREET ADDRESS 3455 COUNTRY SIDE BLV 94
CITY - ST - ZIP CLEARWATER FL 34621

1.1 TITLE STD Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE STD
NAME RIDDLE, STEVE
STREET ADDRESS 3455 COUNTRYSIDE BLV #76
CITY - ST - ZIP CLEARWATER FL 34621

2.1 TITLE YD Change Addition
2.2 NAME ZAVODNY, JOHN
2.3 STREET ADDRESS 2081 N. POINT ALEXIS DRIVE
2.4 CITY - ST - ZIP TARPOON SPRINGS, FL 34689

TITLE PD
NAME LISWITH, CARL
STREET ADDRESS 2284 HYDE PARK DR
CITY - ST - ZIP CLEARWATER FL 34621

3.1 TITLE YD Change Addition
3.2 NAME SHERMER, KIMBERLY
3.3 STREET ADDRESS 3455 COUNTRY SIDE BLVD 86
3.4 CITY - ST - ZIP CLEARWATER, FL 34621

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE D Change Addition
4.2 NAME ROUSH, CAROL
4.3 STREET ADDRESS 289 DOGWOOD TR
4.4 CITY - ST - ZIP TARPOON SPRINGS, FL 34689

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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 119.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addressee.

SIGNATURE: Kimberly S. Shermer Kimberly S. Shermer 3/15/95 813-942-4755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Daytime Phone #)