## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04905

FILED Apr 13, 2009 Secretary of State

	1L11# 1404505			Secretary or State	
Entity Na	me: ST. TROPEZ CO	NDOMINIUM V ASSO	CIATION, INC.		
Current P	rincipal Place of Bus	siness:	New Principal Plac	e of Business:	
40347 US	19 NORTH				
STE 201 TARPON :	SPRINGS, FL 34689	US			
	,	00	Navy Mailing Addus		
Current W	lailing Address:		New Mailing Addre	·ss:	
P. O. BOX TARPON :		JS			
FEI Number	: 59-2469253 FEI N	umber Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
			IZADA OLANIO IDENI	=	
<b>KARAGIAI</b>	VIS, IRENE		KARAGIANIS, IRENI		
352 WEST	NIS, IRENE WINDS DR.	10	KARAGIANIS, IRENI 40347 US 19 NORTI	H, SUITE 201	
352 WEST	WÍNDS DR.	JS		H, SUITE 201	
352 WEST PALM HAF The above	FWÍNDS DR. RBOR, FL 34683 U		40347 US 19 NORTH TARPON SPRINGS,	H, SUITE 201	
352 WEST PALM HAF The above	TWINDS DR. RBOR, FL 34683 L named entity submits of Florida.		40347 US 19 NORTH TARPON SPRINGS,	H, SUITE 201 FL 34689 US	
352 WEST PALM HAF The above in the State	TWINDS DR. RBOR, FL 34683 L named entity submits of Florida.  RE:		40347 US 19 NORTH TARPON SPRINGS, purpose of changing its register	H, SUITE 201 FL 34689 US red office or registered agent, or both,	
352 WEST PALM HAF The above in the State SIGNATUI	TWINDS DR. RBOR, FL 34683 L named entity submits of Florida.  RE:	this statement for the p	40347 US 19 NORTH TARPON SPRINGS, purpose of changing its register ent	H, SUITE 201 FL 34689 US red office or registered agent, or both, 04/13/2009	
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL MACDAID PRES 04/13/2009