

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2006 8:00 a**  
**Secretary of State**

03-06-2006 90011 047 \*\*\*\*61.25

**DOCUMENT # N05000007586**

**1. Entity Name**  
**SAINT TROPEZ HOMEOWNERS ASSOCIATION, INC.**



**Principal Place of Business**  
**34990 EMERALD COAST PARKWAY**  
**SUITE 401**  
**DESTIN, FL 32541 US**

**Mailing Address**  
**34990 EMERALD COAST PARKWAY**  
**SUITE 401**  
**DESTIN, FL 32541 US**

**40024459**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01032006

Chg-NP

CR2E037 (11/05)

**4. FEI Number**

**20-329121**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**MARK A. VIOLETTE, P.A.**  
**34990 EMERALD COAST PARKWAY**  
**SUITE 403**  
**DESTIN, FL 32541**

Name

**Craig J Kruse**

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

**34990 Emerald Coast Parkway**

**Suite 401**

City

**Destin**

FL

Zip Code

**32541**

**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**

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

**Craig J Kruse**

(NOTE: Registered Agent signature required when reinstating)

**2/28/06**

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

**TITLE** **P** ☐ Delete  
**NAME** **KRUSE, CRAIG**  
**STREET ADDRESS** **34990 EMERALD COAST PKWY**  
**CITY-ST-ZIP** **DESTIN, FL 32541**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **VPT** ☐ Delete  
**NAME** **CARLINO, BETTINA**  
**STREET ADDRESS** **34990 EMERALD COAST PARKWAY**  
**CITY-ST-ZIP** **DESTIN, FL 32541**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **S** ☐ Delete  
**NAME** **VIOLETTE, MARK**  
**STREET ADDRESS** **34990 EMERALD COAST PARKWAY**  
**CITY-ST-ZIP** **DESTIN, FL 32541**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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.**

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**President Craig J Kruse**

**Date**

**2/28/06 (850) 609-1212**

**Daytime Phone #**