

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007586

FILED
Mar 29, 2007
Secretary of State

Entity Name: SAINT TROPEZ HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

34990 EMERALD COAST PARKWAY
SUITE 401
DESTIN, FL 32541 US

New Principal Place of Business:

4400 HWY 20 EAST
SUITE 313
NICEVILLE, FL 32578 US

Current Mailing Address:

34990 EMERALD COAST PARKWAY
SUITE 401
DESTIN, FL 32541 US

New Mailing Address:

PO BOX 5263
NICEVILLE, FL 32578 US

FEI Number: 20-3219121

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRUSE, CRAIG J
34990 EMERALD COAST PARKWAY
SUITE 401
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KRUSE, CRAIG
Address: 34990 EMERALD COAST PKWY
City-St-Zip: DESTIN, FL 32541 US

Title: VPT () Delete
Name: CARLINO, BETTINA
Address: 34990 EMERALD COAST PARKWAY
City-St-Zip: DESTIN, FL 32541 US

Title: S () Delete
Name: VIOLETTE, MARK
Address: 34990 EMERALD COAST PARKWAY
City-St-Zip: DESTIN, FL 32541 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DUTY, JERRY
Address: 4402 SONOMA CIRCLE
City-St-Zip: NICEVILLE, FL 32578 US

I hereby certify that the information supplied with this filing does not qualify for the 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: CRAIG KRUSE

PD

03/29/2007

Electronic Signature of Signing Officer or Director

Date