

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007586

FILED
Apr 23, 2009
Secretary of State

Entity Name: SAINT TROPEZ HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4400 HWY 20 EAST
SUITE 312
NICEVILLE, FL 32578 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 5263
NICEVILLE, FL 32578 US

New Mailing Address:

FEI Number: 20-3219121

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANDSBERGER, DARLANE
4400 HIGHWAY 20 E
SUITE 312
NICEVILLE, FL 32578 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: PD () Delete
Name: JONES, WAYNE
Address: 2214 CHASE WAY SE
City-St-Zip: CONYERS, GA 30013 US

Title: VD () Delete
Name: MEADOWS, GREG
Address: 63 RUE ST TROPEZ
City-St-Zip: DESTIN, FL 32550 US

Title: SD () Delete
Name: YON, TERRY
Address: 2930 CRESCENT DR
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: TD () Delete
Name: BINFORD, AL
Address: 7552 NAVARRE PKWY SUITE 25
City-St-Zip: NAVARRE, FL 32566 US

Title: D () Delete
Name: PATTERSON, KENNETH
Address: 1421 MT VERNON RD
City-St-Zip: LITHIA SPRINGS, GA 30122 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D () Change (X) Addition
Name: SHORT, ALVIN
Address: P.O. BOX 946
City-St-Zip: UNION, KY 41091

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: WAYNE JONES

PD

04/23/2009

Electronic Signature of Signing Officer or Director

Date