

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001454

FILED
Feb 11, 2009
Secretary of State

Entity Name: SAINT TROPEZ GARDENS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

335 BOND ST.
BROOKLYN, NY 11231

New Principal Place of Business:

Current Mailing Address:

335 BOND ST.
BROOKLYN, NY 11231

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLININ, EDUARD
17555 COLLINS AVENUE
APT. 1401
SUNNY ISLES BEACH, FL 33160 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: SLININ, EDUARD
Address: 335 BOND ST.
City-St-Zip: BROOKLYN, NY 11231

Title: VD () Delete
Name: HUSSEIN, HELMY
Address: 335 BOND ST.
City-St-Zip: BROOKLYN, NY 11231

Title: STD () Delete
Name: CUTLER, JERROL
Address: 335 BOND ST.
City-St-Zip: BROOKLYN, NY 11231

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:

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: EDUARD SLININ

PD

02/11/2009

Electronic Signature of Signing Officer or Director

_____ Date