

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2008 8:00 am
Secretary of State

02-01-2008 90027 029 ****61.25

DOCUMENT # N15302 1. Entity Name ST. TROPEZ CIRCLE MAINTENANCE ASSOCIATION, INC.					
Principal Place of Business SEACREST SRVS., INC 2400 CENTRE PRK W DR ST 175 WEST PALM BEACH, FL 33409 US			Mailing Address SEACREST SRVS., INC 2400 CENTRE PRK W DR ST 175 WEST PALM BEACH, FL 33409 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2805414	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent FUREY, GEORGE 13222 ST TROPEZ CIR PALM BEACH GARDENS, FL 33410				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when renouncing) Signature, typed or printed name of registered agent and title if applicable. DATE					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE	VPD	☐ Delete	TITLE	DIR	☐ Change ☒ Addition
NAME	ABRAMOW, LES		NAME	ANN ABRAMOW	
STREET ADDRESS	13305 ST. TROPEZ CIR.		STREET ADDRESS	13305 ST. TROPEZ CIRCLE	
CITY-ST-ZIP	PALM BEACH GARDEN, FL 33410		CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	TD	☐ Delete	TITLE	DIR	☐ Change ☒ Addition
NAME	SIMPSON, CAROLYN		NAME	ELIZABETH HANSON	
STREET ADDRESS	13245 ST TROPEZ CIR		STREET ADDRESS	13274 ST TROPEZ CIRCLE	
CITY-ST-ZIP	PALM BEACH GDNS, FL 33410		CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	PD	☒ Delete	TITLE	PRES	☒ Change ☐ Addition
NAME	FUREY, GEORGE		NAME	LES ABRAMOW, PRESIDENT	
STREET ADDRESS	13222 ST TROPEZ CIRCLE		STREET ADDRESS	13305 ST TROPEZ CIRCLE	
CITY-ST-ZIP	PALM BCH GDNS, FL 33410		CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SIMON, JERRY		NAME		
STREET ADDRESS	13250 ST TROPEZ CIR		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	SECONTINE, PAT		NAME		
STREET ADDRESS	13302 ST TROPEZ CIR		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Louis Abramow</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1/29/08 561-748-1626 Date Daytime Phone #		

LOUIS ABRAMOW