

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR).

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90036 036 ****61.25

DOCUMENT # N16017

1. Entity Name

ST. TROPEZ OF PELICAN BAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

5501 HERON POINT DR.
 NAPLES FL 34108

5501 HERON POINT DR.
 NAPLES FL 34108



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

1st MOORE

CR2E037 (10/07)

4. FEI Number

65-0029777

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

VISOSKY, JOHN
5501 HERON PT DR STE#902
NAPLES FL 34108

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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 Delete
 NAME VISOSKY, JOHN
 STREET ADDRESS 5501 HERON PT DR 902
 CITY-ST-ZIP NAPLES FL 34108

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME LEARY, PAUL
 STREET ADDRESS 5501 HERON POINT DR #304
 CITY-ST-ZIP NAPLES FL 34108

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME GARDIEPY, MARY ELLEN
 STREET ADDRESS 5501 HERON POINT DR #602
 CITY-ST-ZIP NAPLES FL 34108

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME REHARD, SIMON
 STREET ADDRESS 5501 HERON POINT DR STE 904
 CITY-ST-ZIP NAPLES FL 34108

TITLE Change Addition
 NAME Simon, Erhard
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME SPITZER, SCOTT
 STREET ADDRESS 5501 HERON POINT DR #704
 CITY-ST-ZIP NAPLES FL 34108

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 Section 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: *John Visosky* John Visosky, President

3/12/08

239-598-1818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #