

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16017

FILED  
Apr 02, 2009  
Secretary of State

Entity Name: ST. TROPEZ OF PELICAN BAY CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

5501 HERON POINT DR.  
NAPLES, FL 34108

**New Principal Place of Business:**

**Current Mailing Address:**

5501 HERON POINT DR.  
NAPLES, FL 34108

**New Mailing Address:**

FEI Number: 65-0029777      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VISOSKY, JOHN  
5501 HERON PT DR STE#902  
NAPLES, FL 34108      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: VISOSKY, JOHN  
Address: 5501 HERON PT DR 902  
City-St-Zip: NAPLES, FL 34108

Title: VP      ( ) Delete  
Name: LEARY, PAUL  
Address: 5501 HERON POINT DR #304  
City-St-Zip: NAPLES, FL 34108

Title: S      ( ) Delete  
Name: GARDIEPY, MARY ELLEN  
Address: 5501 HERON POINT DR #602  
City-St-Zip: NAPLES, FL 34108

Title: T      ( ) Delete  
Name: SIMON, ERHARD  
Address: 5501 HERON POINT DR. STE. 904  
City-St-Zip: NAPLES, FL 34108

Title: D      ( ) Delete  
Name: SPITZER, SCOTT  
Address: 5501 HERON POINT DR #704  
City-St-Zip: NAPLES, FL 34108

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP      (X) Change ( ) Addition  
Name: JACKSON, KAREN  
Address: 5501 HERON POINT DR #901  
City-St-Zip: NAPLES, FL 34108

Title: S      (X) Change ( ) Addition  
Name: MILLER, CAROL  
Address: 5501 HERON POINT DR #1102  
City-St-Zip: NAPLES, FL 34108

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: JOHN VISOSKY

P

04/02/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date