

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N32257 (0)**
1. Corporation Name

ST. TROPEZ HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business: 2180 W. STATE RD. #434 SUITE 5000 LONGWOOD FL 32779
Mailing Address: 2180 W. STATE RD. #434 SUITE 5000 LONGWOOD FL 32779

3. Date Incorporated or Qualified: 05/11/1989
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-3001641
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent
HART, JAMES W., JR.
2180 W. STATE RD. 434
SUITE 5000
LONGWOOD FL 32779

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|----------------------------|--|---|
| TITLE | VSD <input checked="" type="checkbox"/> DELETE | 1.1 TITLE |
| NAME | THARPE, E'LONA | 1.2 NAME |
| STREET ADDRESS | 986 CASA DEL SOL | 1.3 STREET ADDRESS |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL | 1.4 CITY-ST-ZIP |
| TITLE | PD <input checked="" type="checkbox"/> DELETE | 2.1 TITLE |
| NAME | LAVELLE, PAT | 2.2 NAME |
| STREET ADDRESS | 997 CASA DEL SOL | 2.3 STREET ADDRESS |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL | 2.4 CITY-ST-ZIP |
| TITLE | TD <input type="checkbox"/> DELETE | 3.1 TITLE |
| NAME | MOLTZON, RICH | 3.2 NAME |
| STREET ADDRESS | 1023 CASA DEL SOL | 3.3 STREET ADDRESS |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL | 3.4 CITY-ST-ZIP |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE |
| NAME | | 4.2 NAME |
| STREET ADDRESS | | 4.3 STREET ADDRESS |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE |
| NAME | | 5.2 NAME |
| STREET ADDRESS | | 5.3 STREET ADDRESS |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE |
| NAME | | 6.2 NAME |
| STREET ADDRESS | | 6.3 STREET ADDRESS |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP |

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|--------------------------|------------------|--|
| PD | WISE, INGRID | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1015 CASA DEL SOL CIRCLE | | |
| ALTAMONTE SPRINGS, FL | | |
| STD | DELILLO, VINCENT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 703 LIGHTHOUSE COURT | | |
| ALTAMONTE SPRINGS, FL | | |
| D | MOLTZON, RICK | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ingrid Wise*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **INGRID WISE**

3-19-96
Date: _____ Daytime Phone #: _____

CR2E037 (12/95)