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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 Mailing Address
2180 W. STATE RD. #434 2180 W. STATE RD. #434
SUITE 5000 SUITE 5000
LONGWOOD FL 32779 LONGWOOD FL 32779

3. Date Incorporated or Qualified 05/11/1989 3a. Date of Last Report 05/01/1996

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3001641	Not Applicable
22	22	27	27	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
	City & State		City & State			
23	23	28	28	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Zip		Zip			
24	24	29	29	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Country		Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HART, JAMES W., JR. 2180 W. STATE RD. 434 SUITE 5000 LONGWOOD FL 32779				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD WISE, INGRID <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VD TULL, JUDY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1015 CASA DEL SOL CIRCLE	1.2 NAME	967 CASA DEL SOL CIR
STREET ADDRESS	ALTAMONTE SPRINGS FL	1.3 STREET ADDRESS	ALTAMONTE SPRINGS FL
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	STD DELILLO, VINCENT <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	703 LIGHTHOUSE COURT	2.2 NAME	
STREET ADDRESS	ALTAMONTE SPRINGS FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D MOLTZON, RICK <input type="checkbox"/> DELETE	3.1 TITLE	PD MOLTZON, RICK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1023 CASA DEL SOL	3.2 NAME	ALTAMONTE SPRINGS FL
STREET ADDRESS	ALTAMONTE SPRINGS FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		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	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)