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Apr 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date incorporated or Qualified 05/11/1989	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 59-3001641		
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt #, etc 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt #, etc 27 City & State 28 Zip Country
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9. Name and Address of Current Registered Agent

HART, JAMES W., JR. - SENTRY MANAGEMENT, INC.
2180 W. STATE RD. 434
SUITE 5000
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name SENTRY MANAGEMENT, INC.
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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	TULL, JUDY	
STREET ADDRESS	967 CASA DEL SOL CIR	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	DELILLO, VINCENT	
STREET ADDRESS	703 LIGHTHOUSE COURT	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MOLTZON, RICK	
STREET ADDRESS	1023 CASA DEL SOL	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LOVETT, MARK	
1.3 STREET ADDRESS	982 CASA DEL SOL CIR	
1.4 CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	WILLIAMS, JIM	
3.3 STREET ADDRESS	997 CASA DEL SOL CIR	
3.4 CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32716	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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

SIGNATURE:  **JAMES WILLIAMS** **4/2/98**

CR2E037 (10/97)