

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32257

1. Entry Name

ST. TROPEZ HOMEOWNERS' ASSOCIATION, INC.

FILED 10 2000
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 05-01-2000 90483 012 *****61.25
 00 JUN -5 AM 7:13

Principal Place of Business

Mailing Address

~~2100 W. STATE RD. #404
 SUITE 5000
 LONGWOOD FL 32770~~

~~2100 W. STATE RD. #404
 SUITE 5000
 LONGWOOD FL 32770~~

2. Principal Place of Business
1350 ORANGE AVE

3. Mailing Address
PO BOX 1208

Suite, Apt. #, etc.
SUITE 100

Suite, Apt. #, etc.

City & State
WINTER PARK FL

City & State
WINTER PARK FL

4. FEI Number
59-3001641

Applied For
 Not Applicable

Zip Country
32789 USA

Zip Country
32790-1208 USA

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

~~HART, JAMES W., JR.
 SENTRY MANAGEMENT INC
 SUITE 5000
 LONGWOOD FL 32779~~

Name
ROGER V. PHILLIPS
 Street Address (P.O. Box Number is Not Acceptable)
ATTWOOD-PHILLIPS, INC.
1350 ORANGE AVE STE 100
 City **WINTER PARK FL** Zip Code **32789**

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.

SIGNATURE  **Roger V. Phillips** 2/29/00
Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing **\$5.00 May Be Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOVETT, MARK 982 CASA DEL SOL CIR ALTAMONTE SPRINGS FL 32714	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, JIM 997 CASA DEL SOL CIR ALTAMONTE SPRINGS FL 32716	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HAGER, DARREL 984 CASA DEL SOL CIR ALTAMONTE SPRINGS FL 32716	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D GRICE, DOROTHY 710 LIGHTHOUSE CT ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREENWALD, ROBERT 707 LIGHTHOUSE CT ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D ROMAN, JAMES 969 CASA DEL SOL CIR ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500003284365 -06/12/00--01024--001 *****175.00 *****175.00	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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 who empowered.

SIGNATURE:  **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00
 Date

Daytime Phone #

FILE # 0517-000003

1