


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90087 046 ****61.25

DOCUMENT # N32257					
1. Entity Name ST. TROPEZ HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 1350 ORANGE AVE SUITE 100 WINTER PARK, FL 32789		Mailing Address 1350 ORANGE AVE SUITE 100 WINTER PARK, FL 32789		<p>03222004 Chg-NP CR2E037 (10/03)</p> <p>4. FEI Number 59-3001641 Applied For Not Applicable</p> <p>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</p>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<p>6. Name and Address of Current Registered Agent</p> <p>PHILLIPS, ROGER V ATTWOOD-PHILLIPS, INC. 1350 ORANGE AVE STE 100 WINTER PARK, FL 32789</p>	
7. Name and Address of New Registered Agent				<p>Name</p> <p>Street Address (P.O. Box Number is Not Acceptable)</p> <p>City</p> <p>FL Zip Code</p>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<p>Filing Fee is \$61.25 Due by May 1, 2004</p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p>		<p>\$5.00 May Be Added to Fees</p> <p>Make check payable to Florida Department of State</p>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PIACENTI, BERNIE	NAME			
STREET ADDRESS	1007 INLET WAY	STREET ADDRESS			
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	CITY-ST-ZIP			
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ABBOTT, JENNIFER	NAME	Roman, Jim		
STREET ADDRESS	986 CASA DEL SOL CIR.	STREET ADDRESS	969 Casa Del Sol Cir		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	CITY-ST-ZIP	Altamonte Springs FL 32714		
TITLE	STD <input checked="" type="checkbox"/> Delete	TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BATY, SARAH	NAME	Boano, Nina		
STREET ADDRESS	1013 CASADELSOL CIR	STREET ADDRESS	991 Casa Del Sol Cir		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	CITY-ST-ZIP	Altamonte Springs FL 32714		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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 like empowered.					
SIGNATURE: <i>Bernard Piacenti</i> PRES. BERNARD PIACENTI			3-28-04		321-356-4054
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #