


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N32257 1. Entity Name ST. TROPEZ HOMEOWNERS' ASSOCIATION, INC.	
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FILED
Aug 01, 2008 08:00 AM
Secretary of State

Principal Place of Business 1350 ORANGE AVE SUITE 100 WINTER PARK, FL 32789	Mailing Address 1350 ORANGE AVE SUITE 100 WINTER PARK, FL 32789
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07022008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3001641	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GASPERONI AND FLETCHER PA 156 S CHARLES RICHARD BEALL BLVD STE 2 DEBARY, FL 32713	<p style="font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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 _____

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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U00000956891
 08/01/08-80004-014 61.25

10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	PIACENTI, BERNIE
STREET ADDRESS	1007 INLET WAY
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	VPD
NAME	ROMAN, JIM
STREET ADDRESS	969 CASA DEL SOL CIR
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	STD
NAME	BOANO, NINA
STREET ADDRESS	991 CASA DEL SOL CIR
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Bernie Piacenti* PRES. BERNIE PIACENTI 7-7-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #