# I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

#### SIGNATURE: MARK BROTHERTON

Electronic Signature of Signing Officer/Director Detail

Entity Name: ST. TROPEZ CONDOMINIUM II ASSOCIATION, INC. Current Principal Place of Business:

C/O CITADEL PROP MGMT GRP INC. 40347 STE 229 TARPON SPRINGS, FL 34689

DOCUMENT# N01944

# **Current Mailing Address:**

C/O CITADEL PROP MGMT GRP INC. 40347 STE 229 TARPON SPRINGS, FL 34689 US

# FEI Number: 59-2402251

## Name and Address of Current Registered Agent:

RANALLO, JAMES C/O CITADEL PROP MGMT GRP INC. 40347 STE 229 TARPON SPRINGS, FL 34689 US

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.

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SIGNATURE	: JAMES RANALLO			04/27/2016
	Electronic Signature of Registered Agent			Date
Officer/Dired	ctor Detail :			
Title	PRESIDENT, TREASURER	Title	VP, SECRETARY	
Name	BROTHERTON, MARK	Name	MAYWOOD, DAVID	
Address	40347 US 19 N, STE 229	Address	40347 US 19 N, STE 229	
City-State-Zip:	TARPON SPRINGS FL 34689	City-State-Zip:	TARPON SPRINGS FL 34689	
Title	DIRECTOR			
Name	MURPHY, STEPHEN			
Address	40347 US 19 N, STE 229			
City-State-Zip:	TARPON SPRINGS FL 34689			

Certificate of Status Desired: No

Director Detail

PRESIDENT

04/27/2016 Date

## FILED Apr 27, 2016 Secretary of State CC3129069357

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