| 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  | : MARGARET NOLAN                         |                 |                        | 02/06/2020 |
|  | Electronic Signature of Registered Agent |                 |                        | Date       |
| Officer/Director Detail :  |  |                 |                        |            |
| Title  | TREASURER                                | Title           | SECRETARY              |            |
| Name   | RAWLINGS, TRAVIS                         | Name            | FLEMING, CHRISTINE     |            |
| Address  | 4174 WOODLANDS PARKWAY                   | Address         | 4174 WOODLANDS PARKWAY |            |
| City-State-Zip:  | PALM HARBOR FL 34685                     | City-State-Zip: | PALM HARBOR FL 34685   |            |
| Title  | PRESIDENT                                |                 |                        |            |
| Name   | BATTISTA, MICHELLE                       |                 |                        |            |
| Address  | 4174 WOODLANDS PARKWAY                   |                 |                        |            |
| City-State-Zip:  | PALM HARBOR FL 34685                     |                 |                        |            |

# 4174 WOODLANDS PARKWAY

PALM HARBOR, FL 34685 US

### FEI Number: 59-2469073

### Name and Address of Current Registered Agent:

NOLAN, MARGARET 4174 WOODLANDS PARKWAY PALM HARBOR, FL 34685 US

#### 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: MICHELLE BATTISTA

PRESIDENT

02/06/2020

Electronic Signature of Signing Officer/Director Detail

FILED Feb 06, 2020 Secretary of State 3149318909CC

Certificate of Status Desired: No

Date

### 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03820

Entity Name: ST. TROPEZ CONDOMINIUM III ASSOCIATION, INC.

## **Current Principal Place of Business:**

4174 WOODLANDS PARKWAY PALM HARBOR, FL 34685

**Current Mailing Address:**