

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N32257

**Entity Name:** ST. TROPEZ HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

71 S. CENTRAL AVE.  
OVIEDO, FL 32765

**Current Mailing Address:**

71 S. CENTRAL AVE.  
OVIEDO, FL 32765 US

**FEI Number: 59-3001641**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

COMMUNITY MANAGEMENT SPECIALISTS, INC.  
71 S. CENTRAL AVE.  
OVIEDO, FL 32765 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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           TREASURER  
Name           LAVELLE, PATRICIA  
Address        71 S. CENTRAL AVE.  
City-State-Zip: OVIEDO FL 32765

Title           PRESIDENT  
Name           CHRISTENA, CAROLYN  
Address        71 S. CENTRAL AVE.  
City-State-Zip: OVIEDO FL 32765

Title           VP  
Name           ROMAN, JIM  
Address        71 S. CENTRAL AVE.  
City-State-Zip: OVIEDO FL 32765

Title           SECRETARY  
Name           YOAKAM, MICAH  
Address        71 S. CENTRAL AVE.  
City-State-Zip: OVIEDO FL 32765

Title           DIRECTOR  
Name           ZOBEL, MARY LOU  
Address        71 S. CENTRAL AVE.  
City-State-Zip: OVIEDO FL 32765

*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: CAROLYN CHRISTENA**

**P**

**03/23/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date