

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N32257

**FILED**  
**Jan 31, 2013**  
**Secretary of State**  
**CC5382840543**

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

**Current Principal Place of Business:**

1942 W. COUNTY ROAD 419, SUITE 1030  
OVIDO, FL 32766

**Current Mailing Address:**

1942 W. COUNTY ROAD 419, SUITE 1030  
OVIDO, FL 32766 US

**FEI Number:** 59-3001641

**Certificate of Status Desired:** No

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

COMMUNITY MANAGEMENT SPECIALISTS, INC.  
1942 W. COUNTY ROAD 419, SUITE 1030  
OVIDO, FL 32766 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 SECRETARY  
Name CAYLA, CULVER  
Address 1942 W. COUNTY ROAD 419, SUITE 1030  
City-State-Zip: OVIDO FL 32766

Title D  
Name MULLINS, LINDA  
Address 1942 W. COUNTY ROAD 419, SUITE 1030  
City-State-Zip: OVIDO FL 32766

Title TREASURER  
Name ROMAN, JIM  
Address 1942 W. COUNTY ROAD 419, SUITE 1030  
City-State-Zip: OVIDO FL 32766

Title PRESIDENT  
Name LAVELLE, PAT  
Address 1942 W. COUNTY ROAD 419, SUITE 1030  
City-State-Zip: OVIDO FL 32766

Title VP  
Name THOMAS, SANDRA  
Address 1942 W. COUNTY ROAD 419, SUITE 1030  
City-State-Zip: OVIDO FL 32766

Title DIRECTOR  
Name CHRISTENA, CAROLYN  
Address 1942 W. COUNTY ROAD 419, SUITE 1030  
City-State-Zip: OVIDO FL 32766

*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:** PAT LAVELLE / KEVIN DAVIS

**P / AGENT**

**01/31/2013**

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

\_\_\_\_\_  
Date