

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32257

**FILED
Mar 13, 2014
Secretary of State
CC6959859938**

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 CHOI, LAURIE LEE
Address 1942 W. COUNTY ROAD 419, SUITE 1030
City-State-Zip: OVIDO FL 32766

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

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

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

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

Title DIRECTOR
Name THOMAS, SANDRA
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: CAROLYN CHRISTENA

PRESIDENT

03/13/2014

Electronic Signature of Signing Officer/Director Detail

Date