2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32257

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

FILED Jan 25, 2016 **Secretary of State** CC2740469902

Current Principal Place of Business:

1942 W. COUNTY ROAD 419, SUITE 1030

OVIEDO, FL 32766

Current Mailing Address:

1942 W. COUNTY ROAD 419, SUITE 1030 OVIEDO, 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 OVIEDO, 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:

1030

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Title **SECRETARY** Title D

CHOI, LAURIE LEE MATTHEWS, JOHN Name Name

Address 1942 W. COUNTY ROAD 419, SUITE Address 1942 W. COUNTY ROAD 419, SUITE

City-State-Zip: OVIEDO FL 32766 City-State-Zip: OVIEDO FL 32766

Title **TREASURER** Title **PRESIDENT**

Name LAVELLE, PATRICIA Name CHRISTENA, CAROLYN

1942 W. COUNTY ROAD 419, SUITE 1942 W. COUNTY ROAD 419, SUITE Address Address

1030

OVIEDO FL 32766 City-State-Zip: OVIEDO FL 32766 City-State-Zip:

Title Title **DIRECTOR** Name ROMAN, JIM Name SHEETS, LUCY

Address 1942 W. COUNTY ROAD 419, SUITE Address 1942 W. COUNTY ROAD 419, SUITE

1030

City-State-Zip: OVIEDO FL 32766 City-State-Zip: OVIEDO FL 32766

Title D

STUART, HODES Name

Address 1942 W. COUNTY ROAD 419, SUITE

1030

OVIEDO FL 32766 City-State-Zip:

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.

01/25/2016 SIGNATURE: CAROLYN CHRISTENA **PRESIDENT**

Electronic Signature of Signing Officer/Director Detail

Date