FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 3:05

DOCUMENT # 730448 (8)

1. Corporation Name

ST. GEORGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
212 ISLIP WAY P.O. BOX 5237 SUN CITY CENTER FL 33573	212 ISLIP WAY P.O. BOX 5237 SUN CITY CENTER FL 33573

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/15/1974
3a. Date of Last Report: 03/11/1994
4. FEI Number: 59-1880345 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PORTER, MARY 212 ISLIP WAY SUN CITY CENTER FL 33573	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	TWITTY, JAMES	1.2 NAME	WILLIAMS, ROBERT	
STREET ADDRESS	208 ISLIP WAY	1.3 STREET ADDRESS	1357 NEW BEDFORD DR.	
CITY-ST-ZIP	SUN CITY CENTER FL	1.4 CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	DVP	2.1 TITLE	DVP	☐ Change ☒ Addition
NAME	WILLIAMS, ROBERT	2.2 NAME	SCHAEFFER, HENRY	
STREET ADDRESS	1357 NEW BEDFORD DR	2.3 STREET ADDRESS	1333 NEW BEDFORD DR.	
CITY-ST-ZIP	SUN CITY CENTER FL	2.4 CITY-ST-ZIP	SUN CITY CENTER, FL. 33573	
TITLE	DT	3.1 TITLE	SAA	☐ Change ☒ Addition
NAME	JOHNSON, DOYLE	3.2 NAME	SCHULTZ, JULIA	
STREET ADDRESS	105 CARSWELL CIR	3.3 STREET ADDRESS	107 CARSWELL, CR.	
CITY-ST-ZIP	SUN CITY CENTER FL	3.4 CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	SAA	4.1 TITLE	D	☒ Change ☐ Addition
NAME	PORTER, MARY	4.2 NAME	TWITTY, JAMES	
STREET ADDRESS	212 ISLIP WAY	4.3 STREET ADDRESS	208 ISLIP WAY	
CITY-ST-ZIP	SUN CITY CENTER FL	4.4 CITY-ST-ZIP	SUN CITY CENTER FL. 33573	
TITLE	D	5.1 TITLE	D	☐ Change ☒ Addition
NAME	LICHT, JOSEPH	5.2 NAME	SHAW, CARROLL	
STREET ADDRESS	102 CARSWELL CIR.	5.3 STREET ADDRESS	1315 LAMBDETH COURT	
CITY-ST-ZIP	SUN CITY CENTER FL	5.4 CITY-ST-ZIP	SUN CITY CENTER, FL. 33573	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, LEBARON	6.2 NAME		
STREET ADDRESS	1337 NEW BEDORD R.	6.3 STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: R.D. Johnson R. D. JOHNSON 3-15-95 (813) 634-4806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0062965