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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 FEB -6 PM 12:14

DOCUMENT # 739955 (3)

1. Corporation Name

ST. GEORGE PLANTATION OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1712 MAGNOLIA DR ST GEORGE ISLAND FL 32328 US	HCR BOX 228 ST GEORGE IS FL 32328

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/22/1977
3a. Date of Last Report: 02/21/1994
4. FEI Number: 59-2152461 ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business	2a. Mailing Address
21 1712 Magnolia Rd.	26 1712 Magnolia Rd.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 St. George Island, FL
24 Zip / 25 Country	29 32328 / 30 USA

9. Name and Address of Current Registered Agent

VARGAS, LOUIS
5431 DEFOORS FERRY RD.
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

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		☐ Change ☐ Addition
NAME	VARGAS, LOUIS	1.2 NAME		
STREET ADDRESS	5431 DEFOORS FERRY RD.	1.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	D	☒ Change ☐ Addition
NAME	BACHRACH, JIM	2.2 NAME	BACHRACH, JIM	
STREET ADDRESS	5008 MILLSVEE LANE	2.3 STREET ADDRESS	5008 MILLSVEE LANE	
CITY-ST-ZIP	ALBANY GA	2.4 CITY-ST-ZIP	ALBANY GA 31707	
TITLE	T	3.1 TITLE	T	☒ Change ☐ Addition
NAME	GLEASMAN, WAYNE	3.2 NAME	GELCH, JOHN	
STREET ADDRESS	431 MCCLOUD ST.	3.3 STREET ADDRESS	1408 ELM COURT	
CITY-ST-ZIP	ST. GEORGE ISLAND, FL	3.4 CITY-ST-ZIP	ST. GEORGE ISLAND, FL 32328	
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	OUTLAW, TOM	4.2 NAME		
STREET ADDRESS	3544 GARDENVIEW WAY	4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	KOZLOWSKY, HENRY	5.2 NAME		
STREET ADDRESS	78 CHELTENHAM DR.	5.3 STREET ADDRESS		
CITY-ST-ZIP	WYOMISSING PA	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	VD	☒ Change ☐ Addition
NAME	RODRIGUE, LORI	6.2 NAME	PAMELA AMATO	
STREET ADDRESS	3008 BARCLAY CT.	6.3 STREET ADDRESS	332 W. PINE AVE	
CITY-ST-ZIP	TALLAHASSEE FL	6.4 CITY-ST-ZIP	ST. GEORGE ISLAND, FL 32328	

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: X _____ 1/31/95 904-927-2312
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0028006