FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
Mar 21 1996 8:00 am
Secretary of State

DOCUMENT # 739955 (3)

1. Corporation Name
ST. GEORGE PLANTATION OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1712 MAGNOLIA RD. ST GEORGE ISLAND FL 32328 US	1712 MAGNOLIA RD. ST. GEORGE ISLAND FL 32328 US

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: St. George Island, FL	28 City & State: St. George Island, FL
24 Zip: 32328 25 Country: US	29 Zip: 32328 30 Country: US

3. Date Incorporated or Qualified: 08/22/1977	3a. Date of Last Report: 02/06/1995
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

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: John Gelch
82 Street Address (P.O. Box Number is Not Acceptable): 1408 Eln Court
83
84 City: St. George Island FL 85 Zip Code: 32328

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		
TITLE	PD	☒ DELETE
NAME	VARGAS, LOUIS	
STREET ADDRESS	5431 DEFOORS FERRY RD.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	☒ DELETE
NAME	BACHRACH, JIM	
STREET ADDRESS	5008 MILLSVEE LANE	
CITY-ST-ZIP	ALBANY GA	
TITLE	T	☐ DELETE
NAME	GELCH, JOHN	
STREET ADDRESS	1408 ELM COURT	
CITY-ST-ZIP	ST. GEORGE ISLAND FL	
TITLE	SD	☒ DELETE
NAME	OUTLAW, TOM	
STREET ADDRESS	3544 GARDENVIEW WAY	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	☒ DELETE
NAME	KOZLOWSKY, HENRY	
STREET ADDRESS	78 CHELTENHAM DR.	
CITY-ST-ZIP	WYOMISSING PA	
TITLE	VD	☐ DELETE
NAME	AMATO, PAMELA	
STREET ADDRESS	332 W. PINE AVE.	
CITY-ST-ZIP	ST. GEORGE ISLAND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	V/D	☐ Change ☒ Addition
1.2 NAME	Hartley, William	
1.3 STREET ADDRESS	1464 Bayberry Lane	
1.4 CITY-ST-ZIP	St. George Island, FL 32328	
2.1 TITLE	T/S/D	☐ Change ☒ Addition
2.2 NAME	Plessinger, Richard	
2.3 STREET ADDRESS	P.O. Box 527 n/a	
2.4 CITY-ST-ZIP	Eastpoint, FL 32328	
3.1 TITLE	P/D	☒ Change ☐ Addition
3.2 NAME	Gelch, John	
3.3 STREET ADDRESS	1408 Elm Court	
3.4 CITY-ST-ZIP	St. George Island, FL 32328	
4.1 TITLE	D	☐ Change ☒ Addition
4.2 NAME	Gallio, Christon	
4.3 STREET ADDRESS	1508 Nick's Way	
4.4 CITY-ST-ZIP	St. George Island, FL 32328	
5.1 TITLE	D	☐ Change ☒ Addition
5.2 NAME	Cosey, B.L.	
5.3 STREET ADDRESS	2215 Conch Drive	
5.4 CITY-ST-ZIP	St. George Island, FL 32328	
6.1 TITLE	D	☒ Change ☐ Addition
6.2 NAME	Amato, Pamela	
6.3 STREET ADDRESS	332 W. Pine Ave.	
6.4 CITY-ST-ZIP	St. George Island, FL 32328	

CR2E037 (12/95)

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)(k), 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: John Gelch Date Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR