

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **739955** (3)
1. Corporation Name
ST. GEORGE PLANTATION OWNERS' ASSOCIATION, INC.

Principal Place of Business 1712 MAGNOLIA RD. ST GEORGE ISLAND FL 32328 US	Mailing Address 1712 MAGNOLIA RD. ST. GEORGE ISLAND FL 32328 US
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3. Date Incorporated or Qualified 08/22/1977	
4. FEI Number 59-2152461	Applied For ☐ Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent PLESSINGER, RICHARD L 1712 MAGNOLIA ROAD ST GEORGE ISLAND FL 32328
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ DELETE FROELICH, PHILIP N 280 WINDSOR GATE COVE ATLANTA GA 30342-2862
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ☐ DELETE PLESSINGER, RICHARD 1732 MAGNOLIA ROAD ST. GEORGE ISLAND FL 32328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ DELETE GUYON, ROBERT 1213 EAST GULF BEACH DRIVE ST. GEORGE ISLAND FL 32328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ DELETE MANOS, CHARLES G JR HC 4, BOX 39 N/A OLD TOWN FL 32680
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ☐ DELETE WATSON, RICHARD 108 E. JEFFERSON ST., SUITE C TALLAHASSEE FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ☐ DELETE AMATO, PAMELA 332 W. PINE AVE. ST. GEORGE ISLAND FL 32328

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☒ Addition DS Amalia Read 213 South Adams St. Tallahassee, FL 32301
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing 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, on an attachment with an address.

SIGNATURE: *[Signature]* 1-14-98 850 927-2312

CR2E037 (10/97)