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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **739955**

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 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualifed 08/22/1977 4. FEI Number 59-2152461 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☑ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

PLESSINGER, RICHARD L
1712 MAGNOLIA ROAD
ST GEORGE ISLAND FL 32328

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 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] 1/13/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WATSON, RICHARD L		1.2 NAME		
STREET ADDRESS	108 E. JEFFERSON STREET, SUITE C		1.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSE FL 32301		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	READ, AMALIA F		2.2 NAME		
STREET ADDRESS	213 SOUTH ADAMS		2.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32301		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PLESSINGER, RICHARD L		3.2 NAME		
STREET ADDRESS	1732 MAGNOLIA ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. GEORGE ISLAND FL 32328		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MACFARLAND, KAREN		4.2 NAME		
STREET ADDRESS	309 OAKS WILL COURT		4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32312		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MANOS, CHARLES G JR.		5.2 NAME		
STREET ADDRESS	HC 4, BOX 39		5.3 STREET ADDRESS		
CITY-ST-ZIP	OLD TOWN FL 32680		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	FROELICH, PHILIP		6.2 NAME		
STREET ADDRESS	280 WINDSOR GATE COVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30342-2862		6.4 CITY-ST-ZIP		

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, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 1/13/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)