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02-15-1999 90042 006 *****70.00

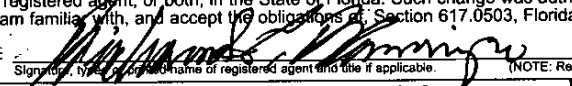
NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 739955					
1. Corporation Name ST. GEORGE PLANTATION OWNERS' ASSOCIATION, INC.					
Principal Place of Business 1712 MAGNOLIA RD. ST GEORGE ISLAND FL 32328 US			Mailing Address 1712 MAGNOLIA RD. ST GEORGE ISLAND FL 32328 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/22/1977	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2152461	
City & State		City & State		5. Certificate of Status Desired ☒	
23		28		\$8.75 Additional Fee Required	
Zip		Country		6. Election Campaign Financing	
24		25		Trust Fund Contribution ☐	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PLESSINGER, RICHARD L 1712 MAGNOLIA ROAD ST GEORGE ISLAND FL 32328				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  DATE 1/15/99
Signature of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

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

Date

Daytime Phone #

CR2E037 (11/98)