## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 739955** 

FILED Feb 26, 2004 Secretary of State

Entity Name: ST. GEORGE PLANTATION OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1712 MAGNOLIA RD ST GEORGE ISLAND, FL 32328 LIS **Current Mailing Address: New Mailing Address:** 1712 MAGNOLIA RD ST GEORGE ISLAND, FL 32328 US FEI Number: 59-2152461 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: MAZZARELLA, NICHOLAS BOSARGE, PAUL 1712 MAGNOLIA ROAD 1712 MAGNOLIA ROAD ST GEORGE ISLAND, FL 32328 US ST GEORGE ISLAND, FL 32328 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: PAUL BOSARGE 02/26/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ELLISON, BOYD Name: Name: 743 VALLEY TRAIL Address: Address: City-St-Zip: MACON, GA 31204 City-St-Zip: Title: () Delete Title: () Change () Addition FROELICH, PHILLIP Name: Name: Address: 2783 ARMISTEAD RD Address: City-St-Zip: TALLAHASSEE, FL 323080909 City-St-Zip: Title: () Delete Title: () Change () Addition CROFTON, RUSSELL Name: Name: Address: PO BOX 105 Address: City-St-Zip: EASTPOINT, FL 32328 City-St-Zip: Title: TD ( ) Delete Title: () Change () Addition Name: SEWELL, LEE Name: Address: 38 MUSCOGEE AVE NW Address: City-St-Zip: ATLANTA, GA 30305 City-St-Zip: Title: ( ) Delete Title: () Change () Addition CULBERTSON, RITA Name: Name: 1943 INDIAN HARBOR Address: Address: City-St-Zip: ST GEORGE ISLAND, FL 32328 City-St-Zip: Title: () Delete Title: () Change () Addition TAYLOR, LARRY Name: Name: Address: PO BOX 306 Address: PANAMA CITY, FL 32402 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE:	BOYD ELLISON	PD	02/26/2004
	El 1 : 0: 1 (0: : 0ff B: 1		

CHARLES P. DRIVER, DIRECTOR 502 HOLLY HILL RD LOOKOUT MOUNTAIN, TN 37350-1338