2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# 739955

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

Current Principal Place of Business:

1712 MAGNOLIA RD.
ST GEORGE ISLAND, FL 32328 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 516
APALACHICOLA, FL 32329

New Mailing Address:

FEI Number: 59-2152461 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NEWMAN, RAYMOND F JR
348 MIRACLE STRIP PKWY SW SUITE 7
FORT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: RAMEY, RICHARD
Address: P.O. BOX 516
City-St-Zip: APALACHICOLA, FL 32329

Title: VPD ( ) Delete
Name: LOWE, HENRY
Address: P.O. BOX 516
City-St-Zip: APALACHICOLA, FL 32329

Title: SD ( ) Delete
Name: PEARLMAN, JAY
Address: P.O. BOX 516
City-St-Zip: APALACHICOLA, FL 32329

Title: TD ( ) Delete
Name: SEWELL, LEE R
Address: P.O. BOX 516
City-St-Zip: APALACHICOLA, FL 32329

Title: D ( ) Delete
Name: MCMILLAN, ROBERT
Address: P.O. BOX 516
City-St-Zip: APALACHICOLA, FL 32329

Title: D ( ) Delete
Name: SCHERMAN, ROLF
Address: P.O. BOX 516
City-St-Zip: APALACHICOLA, FL 32329

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MCMILLAN, ROBERT
Address: P.O. BOX 516
City-St-Zip: APALACHICOLA, FL 32329

Title: VPD (X) Change ( ) Addition
Name: RAMEY, RICHARD
Address: P.O. BOX 516
City-St-Zip: APALACHICOLA, FL 32329

Title: SD (X) Change ( ) Addition
Name: PAGET, BARBARA
Address: P.O. BOX 516
City-St-Zip: APALACHICOLA, FL 32329

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: WATSON, RICHARD
Address: P.O. BOX 516
City-St-Zip: APALACHICOLA, FL 32329

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: BERNADETTE HALLORAN GM 03/19/2009

Electronic Signature of Signing Officer or Director — Date