

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90072 028 ****61.25

DOCUMENT # 739955

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2152461**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARTLETT, THOMAS H
1712 MAGNOLIA ROAD
ST GEORGE ISLAND FL 32328**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Thom H. Bartlett*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/18/03**

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **DOYLE, MICHAEL**
STREET ADDRESS **63 28TH ST NW**
CITY-ST-ZIP **ATLANTA GA 30301**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **CROFTON, RUSSELL**
STREET ADDRESS **1232 SANDY LANE**
CITY-ST-ZIP **ST GEORGE ISLAND FL 32328**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MATSON, JIM**
STREET ADDRESS **15 GARDNER LANE**
CITY-ST-ZIP **DELLWOOD MN 55110**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **SEWELL, LEE**
STREET ADDRESS **38 MUSCOGEE AVE NW**
CITY-ST-ZIP **ATLANTA GA 30305**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BUTTERFIELD, DONNA**
STREET ADDRESS **P.O. BOX 374**
CITY-ST-ZIP **EASTPOINT FL 32328**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **ELLISON, BOYD**
STREET ADDRESS **743 VALLEY TRAIL**
CITY-ST-ZIP **MACON GA 31204**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael Doyle
MICHAEL DOYLE, PRESIDENT

1/18/03

404 307
6 2 20

CR2E037 (10/02)