

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

AMENDED

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 NOV 17 AM 8:00

|                                                                   |                                                                                   |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # 739955                                                 |  |
| 1. Entity Name<br>St. George Plantation Owners' Association, Inc. |                                                                                   |

**DO NOT WRITE IN THIS SPACE**

|                                                                              |                                                                          |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| 2. Principal Place of Business<br>1712 Magnolia Rd<br>Suite, Apt. #, etc.    | 3. Mailing Address<br>1712 Magnolia Road<br>Suite, Apt. #, etc.          |
| City & State<br>St. George Island, FL<br>Zip<br>32328<br>Country<br>Franklin | City & State<br>St. George Island<br>Zip<br>32328<br>Country<br>Franklin |

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DO NOT WRITE IN THIS SPACE

MRB

|                                   |                                                                                                                                                                 |  |                                                        |
|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------|
| <b>DO NOT WRITE IN THIS SPACE</b> | 4. FEI Number<br>59-2152461                                                                                                                                     |  | Applied For<br><input type="checkbox"/> Not Applicable |
|                                   | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required                                                             |  |                                                        |
|                                   | 7. Name and Address of Current Registered Agent                                                                                                                 |  |                                                        |
|                                   | Name<br>Nicholas J. Mozzarella<br>Street Address (P.O. Box Number is Not Acceptable)<br>1712 Magnolia Road<br>City<br>St. George Island<br>FL Zip Code<br>32328 |  |                                                        |

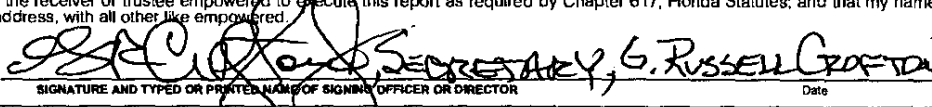
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE 10-31-03  
(NOTE: Registered Agent signature required when reinstating)

|                                          |                                                                                                                 |                                                      |
|------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| FEE IS \$61.25<br>Initial or Amended UBR | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to<br>Florida Department of State |
|------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                  |                                                |                                   |
|------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | President Director<br>Boyd Ellison<br>743 Valley Trail<br>Macon, Ga. 31204       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Phillip Froelich - V.P. Dir.<br>2793 Armistead Rd<br>Tallahassee, FL 32308-0909  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Sec. Director<br>Russell Crofton<br>PO Box 105<br>Eastpoint, FL 32328            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DO NOT WRITE IN THIS SPACE</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Tre. Director<br>Lee Sewell<br>38 My George Ave NW<br>Atlanta, Ga 30305          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Director<br>Rita Culbertson<br>1943 Indian Harbor<br>St. George Island, FL 32328 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Director<br>Larry Taylor<br>PO Box 306<br>Panama City, FL 32402                  | TITLE<br>NAME<br>STREET ADDRESS<br>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 on an attachment with an address, with all other like empowered.

SIGNATURE:  SECRETARY, G. RUSSELL CROFTON, Nov 5, 2003  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

850-927-2312

CR2E037B (12/02)