AMENDED

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 NOV 17 AM 8:00

DOCUMENT # 739955

1. Entity Name
St. George Plantation Owners' Association, Inc

DO NOT WRITE IN THIS SPACE

000024739240
11/17/03 · 01015--005 **70.00
DO NOT WRITE IN THIS SPACE

MRS

2. Principal Place of Business	3. Mailing Address
1712 Magnolia Rd Suite, Apt. #, etc.	1712 Magnolia Road Suite, Apt. #, etc.
City & State: St George Island, Fl	City & State: St George Island
Zip: 32328 Country: Franklin	Zip: 32328 Country: Franklin

4. FEI Number: 59-2152461 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Nicholas J. Mazzarella

Street Address (P.O. Box Number is Not Acceptable): 1712 Magnolia Road

City: St. George Island **FL** Zip Code: 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: _____ 10-31-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR	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

TITLE	President Director	TITLE	
NAME	Boyd Ellison	NAME	
STREET ADDRESS	743 Valley Trail	STREET ADDRESS	
CITY-ST-ZIP	Macon, Ga. 31204	CITY-ST-ZIP	
TITLE	Phillip Froelich - V.P. Dir.	TITLE	
NAME	2793 Armistead Rd	NAME	
STREET ADDRESS	Tallahassee, Fl 32309-0909	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	Sec. Director	TITLE	
NAME	Russell D Crofton	NAME	
STREET ADDRESS	PO Box 105	STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	Eastpoint, Fl 32328	CITY-ST-ZIP	**IN THIS SPACE**
TITLE	Tre. Director	TITLE	
NAME	Lee Sewell	NAME	
STREET ADDRESS	38 Muscogee Ave NW	STREET ADDRESS	
CITY-ST-ZIP	Atlanta, Ga. 30305	CITY-ST-ZIP	
TITLE	Director	TITLE	
NAME	Rita Culbertson	NAME	
STREET ADDRESS	1943 Indian Harbor	STREET ADDRESS	
CITY-ST-ZIP	St. George Island, Fl 32328	CITY-ST-ZIP	
TITLE	Director	TITLE	
NAME	Larry Taylor	NAME	
STREET ADDRESS	PO Box 306	STREET ADDRESS	
CITY-ST-ZIP	Panama City, Fl 32402	CITY-ST-ZIP	

CR2E037B (12/02)

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