

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 760381 (4)**  
1. Corporation Name  
**THE VILLAS OF ST. GEORGE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: 1625 METROPOLITAN CIR. SUITE A TALLAHASSEE FL 32308 US  
Mailing Address: 1625 METROPOLITAN CIR. SUITE A TALLAHASSEE FL 32308 US

3. Date Incorporated or Qualified: 10/12/1981  
3a. Date of Last Report: 05/01/1995  
4. FEI Number: 59-2145871  
Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 1391 TIMBERLANE RD  
22 Suite, Apt. #, etc.  
23 City & State: TALLAHASSEE, FL  
24 Zip: 32312 25 Country: LEON  
2a. Mailing Address: 26 1391 TIMBERLANE RD  
27 Suite, Apt. #, etc.  
28 City & State: TALLAHASSEE, FL  
29 Zip: 32312 30 Country: LEON

9. Name and Address of Current Registered Agent  
KERR, ARLETA S.  
1625 METROPOLITAN CIRCLE  
SUITE  
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent  
81 Name: THOMAS E. DUGGAR  
82 Street Address (P.O. Box Number is Not Acceptable): 1391 TIMBERLANE RD.  
83  
84 City: TALLAHASSEE FL 85 Zip Code: 32312

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: THOMAS E. DUGGAR *Thomas E. Duggar* 4-26-96  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	COLLINS, ALICE	
STREET ADDRESS	BOX 16	
CITY-ST-ZIP	ST GEORGE ISLAND FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	DUGGAR ED	
STREET ADDRESS	1888 OXBOTTOM ROAD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAUGHLIN, WILLIAM	
STREET ADDRESS	2110 ELLICOTT DR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CRABTREE, CHARLES	
STREET ADDRESS	BOX 180 ST. GEORGE ISLD	
CITY-ST-ZIP	EASTPOINT FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	MENDELSON, SIDNEY	
STREET ADDRESS	815 MIDDLEWOOD DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BERGQUIST, GILBERT	
STREET ADDRESS	5145 PIMLICO DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MINNICK, ROBERT W.
4.3 STREET ADDRESS	1309 LEEWOOD DR
4.4 CITY-ST-ZIP	TALLAHASSEE, FL 32312
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thomas E. Duggar* 4-26-96 893-4205  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)