

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90048 031 \*\*\*\*61.25

<b>DOCUMENT # 760381</b>			
1. Entity Name <b>THE VILLAS OF ST. GEORGE CONDOMINIUM ASSOCIATION</b>			
Principal Place of Business <b>1391 TIMBERLANE RD SUITE 206 TALLAHASSEE FL 32312 US</b>		Mailing Address <b>1391 TIMBERLAND RD SUITE 206 TALLAHASSEE FL 32312 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>THOMAS E. DUGGAR 1391 TIMBERLANE RD SUITE 206 TALLAHASSEE FL 32312</b>			
7. Name and Address of New Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City			
<b>FL</b>   Zip Code			



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2145871</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>COLLINS, ALICE</b> <b>60 EAST GULF BEACH DR</b> <b>ST GEORGE ISLAND FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> *****
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>DUGGAR ED</b> <b>1888 OXBOTTOM ROAD</b> <b>TALLAHASSEE FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> *****
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>LAUGHLIN, WILLIAM</b> <b>2110 ELLICOTT DR</b> <b>TALLAHASSEE FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D (No longer President)</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> *****
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STRONGOSKI, LARRY</b> <b>3133 OBRIEN DR</b> <b>TALLAHASSEE FL 32308</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>HARPER, WILLIAM</b> <b>3428 GALLANT FOX TRAIL</b> <b>TALLAHASSEE FL 32308</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> *****
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>MENDELSON, SIDNEY</b> <b>815 MIDDLEWOOD DRIVE</b> <b>TALLAHASSEE FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> *****
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BERGQUIST, GILBERT</b> <b>5145 PIMLICO DRIVE</b> <b>TALLAHASSEE FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> *****

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:** ED DUGGAR **01/21/00** **850-893-4205**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #