

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

Mailing Address

**1625 METROPOLITAN CIR.
SUITE A
TALLAHASSEE FL 32308
US**

**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

2. Principal Place of Business

2a. Mailing Address

21 1391 TIMBERLANE RD

26 1391 TIMBERLANE RD

4. FEI Number

59-2145871

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

23 TALLAHASSEE, FL

City & State

28 TALLAHASSEE, FL

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

Zip

24 32312

Country

25 LEON

Zip

29 32312

Country

30 LEON

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

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
85 Zip Code
FL 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**

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

(NOTE: Registered Agent signature required when changing agent)

4-26-96

DATE

12. OFFICERS AND DIRECTORS

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

TITLE ☐ DELETE

**S
NAME COLLINS, ALICE
STREET ADDRESS BOX 16
CITY-ST-ZIP ST GEORGE ISLAND FL**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

**DT
NAME DUGGAR ED
STREET ADDRESS 1888 OXBOTTOM ROAD
CITY-ST-ZIP TALLAHASSEE FL**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

**D
NAME LAUGHLIN, WILLIAM
STREET ADDRESS 2110 ELLICOTT DR
CITY-ST-ZIP TALLAHASSEE FL**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☒ DELETE

**PD
NAME CRABTREE, CHARLES
STREET ADDRESS BOX 180 ST. GEORGE ISLD
CITY-ST-ZIP EASTPOINT FL**

4.1 TITLE ☐ Change ☒ Addition

**4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
D MINNICK, ROBERT W.
1309 LEEWOOD DR
TALLAHASSEE, FL 32312**

TITLE ☐ DELETE

**DVP
NAME MENDELSON, SIDNEY
STREET ADDRESS 815 MIDDLEWOOD DRIVE
CITY-ST-ZIP TALLAHASSEE FL**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

**D
NAME BERGQUIST, GILBERT
STREET ADDRESS 5145 PIMLICO DRIVE
CITY-ST-ZIP TALLAHASSEE FL**

6.1 TITLE ☐ Change ☐ 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96

Date

893-4205

Daytime Phone #

CR2E037 (12/95)