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Jan 24 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

1391 TIMBERLANE RD
SUITE A
TALLAHASSEE FL 32312
US1391 TIMBERLAND RD
SUITE A
TALLAHASSEE FL 32312-1721
US3. Date Incorporated or Qualified
10/12/19813a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 206

27 SUITE 206

23 City & State

28 City & State

24

Zip

Country

29

Zip

Country

30

4. FEI Number

59-2145871

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☒ Yes☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMAS E. DUGGAR
1301 TIMBERLANE RD
SUITE
TALLAHASSEE FL 32312

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 SUITE 206

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S ☐ DELETE
NAME COLLINS, ALICE
STREET ADDRESS BOX 16
CITY-ST-ZIP ST GEORGE ISLAND FL1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 60 EAST GULF BEACH DRIVE
1.4 CITY-ST-ZIP ST GEORGE ISLAND FL 32328TITLE DT ☐ DELETE
NAME DUGGAR ED
STREET ADDRESS 1888 OXBOTTOM ROAD
CITY-ST-ZIP TALLAHASSEE FL 323122.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE DP ☐ DELETE
NAME LAUGHLIN, WILLIAM
STREET ADDRESS 2110 ELLICOTT DR
CITY-ST-ZIP TALLAHASSEE FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME MINNICK, ROBERT W.
STREET ADDRESS 1309 LEEWOOD DRIVE
CITY-ST-ZIP TALLAHASSEE FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE DVP ☐ DELETE
NAME MENDELSON, SIDNEY
STREET ADDRESS 815 MIDDLEWOOD DRIVE
CITY-ST-ZIP TALLAHASSEE FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME BERGQUIST, GILBERT
STREET ADDRESS 5145 PIMLICO DRIVE
CITY-ST-ZIP TALLAHASSEE FL6.1 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0008488

CR2E037 (9/96)