

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760381

FILED
Apr 29, 2009
Secretary of State

Entity Name: THE VILLAS OF ST. GEORGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1391 TIMBERLANE RD
SUITE 206
TALLAHASSEE, FL 32312 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 876
EASTPOINT, FL 32328 US

New Mailing Address:

FEI Number: 59-2145871 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT SERVICES, INC
1914 SUNSET DRIVE
ST GEORGE ISLAND, FL 32328 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HEIDE, ROBERT D
Address: P.O. BOX 688
City-St-Zip: EASTPOINT, FL 32328

Title: DT () Delete
Name: DUGGAR, ED
Address: 1889 WITCH TREE ACRES
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: LAUGHLIN, WILLIAM
Address: 2110 ELLICOTT DR
City-St-Zip: TALLAHASSEE, FL 32312

Title: P () Delete
Name: HARPER, WILLIAM
Address: 519 CARR LANE
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: PARKS, CANDICE
Address: 228 STONEGATE DR
City-St-Zip: ALBANY, GA 31721

Title: D () Delete
Name: MCCALL, ED
Address: 2562 ROYAL OAKS DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WAYNE M GLEASMAN

RA

04/29/2009

Electronic Signature of Signing Officer or Director

Date