

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739955

Entity Name: ST. GEORGE PLANTATION OWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**1712 MAGNOLIA RD.
ST GEORGE ISLAND, FL 32328**Current Mailing Address:**1712 MAGNOLIA RD.
ST GEORGE ISLAND, FL 32328 US**FEI Number:** 59-2152461**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BECKER
348 MIRACLE STRIP PKWY SW
SUITE 7
FORT WALTON BEACH, FL 32548 US*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:** JAY ROBERTS**03/06/2025**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	BOLDEN, WILLIAM "BUCK"
Address	1712 MAGNOLIA RD.
City-State-Zip:	ST GEORGE ISLAND FL 32328

Title	VP
Name	DZURIK, DANIELLE
Address	1712 MAGNOLIA RD.
City-State-Zip:	ST GEORGE ISLAND FL 32328

Title	SECRETARY
Name	THOMPSON, TIM
Address	1712 MAGNOLIA RD.
City-State-Zip:	ST GEORGE ISLAND FL 32328

Title	TREASURER
Name	COOPER, ROBIN
Address	1712 MAGNOLIA RD.
City-State-Zip:	ST GEORGE ISLAND FL 32328

Title	DIRECTOR
Name	FOSTER, SUE
Address	1712 MAGNOLIA RD.
City-State-Zip:	ST GEORGE ISLAND FL 32328

Title	DIRECTOR
Name	REIDICH, STEVEN
Address	1712 MAGNOLIA RD.
City-State-Zip:	ST GEORGE ISLAND FL 32328

Title	DIRECTOR
Name	GASSMAN, ED
Address	1712 MAGNOLIA RD.
City-State-Zip:	ST GEORGE ISLAND FL 32328

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM "BUCK" BOLDEN**PRESIDENT****03/06/2025**

Electronic Signature of Signing Officer/Director Detail

Date