

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 760381

**FILED  
Apr 18, 2017  
Secretary of State  
CC2454208968**

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

**Current Principal Place of Business:**

1391 TIMBERLANE RD  
SUITE 206  
TALLAHASSEE, FL 32312

**Current Mailing Address:**

P O BOX 876  
EASTPOINT, FL 32328 US

**FEI Number: 59-2145871**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

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

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name HEIDE, ROBERT D  
Address P.O. BOX 688  
City-State-Zip: EASTPOINT FL 32328

Title T  
Name DUGGAR, ED  
Address 1889 WITCH TREE ACRES  
City-State-Zip: TALLAHASSEE FL 32312

Title D  
Name LAUGHLIN, WILLIAM  
Address 2110 ELLICOTT DR  
City-State-Zip: TALLAHASSEE FL 32312

Title D  
Name HARPER, WILLIAM  
Address 519 CARR LANE  
City-State-Zip: TALLAHASSEE FL 32312

Title VP  
Name TAYLOR, GEORGE  
Address 201 TEEL ROAD  
City-State-Zip: BECKLEY WV 25801

Title D  
Name HARRIS, MARTHA  
Address 1000 SASHA LANE  
City-State-Zip: ROSWELL GA 30075

Title D  
Name BERQUIST, CONSTANCE  
Address 5145 PIMLICO DRIVE  
City-State-Zip: TALLAHASSEE FL 32308

Title D  
Name BLANTON, BEN  
Address 3200 RIDGEFIELD LANE  
City-State-Zip: VALDOSTA GA 31602

**Continues on page 2**

*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: ROBERT D HEIDE**

**P**

**04/18/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title D  
Name PLAYER, MACK  
Address 640 DAVIS STREET  
#46  
City-State-Zip: SAN FRANCISCO FL 94111