

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760381

FILED
Mar 25, 2018
Secretary of State
CC9511670858

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

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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

03/25/2018

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