

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760381

FILED
Apr 25, 2016
Secretary of State
CC0600645624**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	D
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	VP
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****04/25/2016**_____
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