

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 760381

**FILED**  
**Jun 30, 2020**  
**Secretary of State**  
**2257237189CC****Entity Name:** THE VILLAS OF ST. GEORGE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**2121 KILLARNEY WAY  
TALLAHASSEE, FL 32309**Current Mailing Address:**POST OFFICE BOX 11143  
TALLAHASSEE, FL 32302 US**FEI Number: 59-2145871****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**FLORIDA ASSOCIATION & PROPERTY MANAGEMENT, INC.  
2121 KILLARNEY WAY  
TALLAHASSEE, FL 32309 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: JOANIE TROTMAN****06/30/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P
Name	TAYLOR, GEORGE
Address	POST OFFICE BOX 11143
City-State-Zip:	TALLAHASSEE FL 32302

Title	T
Name	DUGGAR, ED
Address	POST OFFICE BOX 11143
City-State-Zip:	TALLAHASSEE FL 32302

Title	D
Name	LAUGHLIN, WILLIAM
Address	POST OFFICE BOX 11143
City-State-Zip:	TALLAHASSEE FL 32302

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

Title	VP
Name	KJELLBERG, JOHN
Address	POST OFFICE BOX 11143
City-State-Zip:	TALLAHASSEE FL 32302

Title	D
Name	HARRIS, MARTHA
Address	POST OFFICE BOX 11143
City-State-Zip:	TALLAHASSEE FL 32302

Title	D
Name	THOMAS, BUBBA
Address	POST OFFICE BOX 11143
City-State-Zip:	TALLAHASSEE FL 32302

Title	D
Name	HEIDE, ROBERT
Address	POST OFFICE BOX 11143
City-State-Zip:	TALLAHASSEE FL 32302

**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: JOANIE TROTMAN****CAM****06/30/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title D  
Name PLAYER, MACK  
Address POST OFFICE BOX 11143  
City-State-Zip: TALLAHASSEE FL 32302

Title RA  
Name FLORIDA ASSOCIATION & PROPERTY  
MANAGEMENT, INC.  
Address 2121 KILLARNEY WAY  
City-State-Zip: TALLAHASSEE FL 32309