

2022 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 760381

FILED
Feb 01, 2022
Secretary of State
0083595026CR

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

Current Principal Place of Business:

524 W BAYSHORE DR
EASTPOINT, FL 32328

Current Mailing Address:

524 W BAYSHORE DR
EASTPOINT, FL 32328 US

FEI Number: 59-2145871

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BLUE OSPREY MANAGEMENT SERVICES LLC
524 W BAYSHORE DR
EASTPOINT, 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: ALAN BYRD

02/01/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name TAYLOR, GEORGE
Address 240 W GORRIE DR
City-State-Zip: EASTPOINT FL 32328

Title TREASURER
Name DUGGAR, ED
Address 240 W GORRIE DR
City-State-Zip: EASTPOINT FL 32328

Title DIRECTOR
Name LAUGHLIN, WILLIAM
Address 240 W GORRIE DR
City-State-Zip: EASTPOINT FL 32328

Title DIRECTOR
Name HARPER, WILLIAM
Address 240 W GORRIE DR
City-State-Zip: EASTPOINT FL 32328

Title VP
Name KJELLBERG, JOHN
Address 240 W GORRIE DR
City-State-Zip: EASTPOINT FL 32328

Title SECRETARY
Name HARRIS, MARTHA
Address 240 W GORRIE DR
City-State-Zip: EASTPOINT FL 32328

Title DIRECTOR
Name THOMAS, BUBBA
Address 240 W GORRIE DR
City-State-Zip: EASTPOINT FL 32328

Title DIRECTOR
Name SWANK, LINDSEY
Address 240 W GORRIE DR
City-State-Zip: EASTPOINT FL 32328

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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: ALAN BYRD

REGISTERED AGENT

02/01/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CORDES, KEVIN
Address 240 W GORRIE DR
City-State-Zip: EASTPOINT FL 32328