

2022 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 760381

Entity Name: THE VILLAS OF ST. GEORGE CONDOMINIUM ASSOCIATION, INC.**FILED**
Feb 01, 2022
Secretary of State
0083595026CR**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**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: 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