

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730448

FILED
Apr 24, 2009
Secretary of State

Entity Name: ST. GEORGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

409 E COLLEGE
RUSKIN, FL 33570 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1058
RUSKIN, FL 33575 US

New Mailing Address:

FEI Number: 59-1880345

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, LOU ELLEN
409 E COLLEGE AVE
RUSKIN, FL 33570 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: KLEIN, NORMAN
Address: 205 ISLIP WAY
City-St-Zip: SUN CITY CENTER, FL 33573

Title: DS () Delete
Name: BIALICK, RONNY
Address: 208 ISLIP WAY
City-St-Zip: SUN CITY CENTER, FL 33573

Title: OT () Delete
Name: TOMLINSON, MARK
Address: 1354 NEW BEDFORD DR.
City-St-Zip: SUN CITY CENTER, FL 33573

Title: DV () Delete
Name: MORAN, ED
Address: 106 CARSWELL CIR
City-St-Zip: SUN CITY CENTER, FL 33573

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: TOMLINSON, MARK
Address: 1354 NEW BEDFORD DR.
City-St-Zip: SUN CITY CENTER, FL 33573

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: NORMAN KLEIN

P

04/24/2009

Electronic Signature of Signing Officer or Director

Date