


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 760381 (4)</b>					
1. Corporation Name <b>THE VILLAS OF ST. GEORGE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>1391 TIMBERLANE RD SUITE 206 TALLAHASSEE FL 32312 US</b>			Mailing Address <b>1391 TIMBERLAND RD SUITE 206 TALLAHASSEE FL 32312 US</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/12/1981</b>	
21 Suite, Apt. #, etc.		25 Suite, Apt. #, etc.		4. FEI Number <b>59-2145871</b>	
22 City & State		27 City & State		Applied For <input type="checkbox"/> Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>THOMAS E. DUGGAR 1391 TIMBERLANE RD SUITE 206 TALLAHASSEE FL 32312</b>				7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.				81 Name	
SIGNATURE				82 Street Address (P.O. Box Number is Not Acceptable)	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				83	
DATE				84 City	
12. OFFICERS AND DIRECTORS				85 Zip Code	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				FL	
TITLE				81 Name	
NAME				82 Street Address (P.O. Box Number is Not Acceptable)	
STREET ADDRESS				83	
CITY-ST-ZIP				84 City	
1. COLLINS, ALICE				85 Zip Code	
2. DUGGAR ED				FL	
3. LAUGHLIN, WILLIAM				81 Name	
4. MINNICK, ROBERT W.				82 Street Address (P.O. Box Number is Not Acceptable)	
5. MENDELSON, SIDNEY				83	
6. BERGQUIST, GILBERT				84 City	
7. STRONGOSKI, LARRY				85 Zip Code	
8. O'BRIEN DR.				FL	
9. TALLAHASSEE FL 32308				81 Name	
10. TALLAHASSEE FL				82 Street Address (P.O. Box Number is Not Acceptable)	
11. TALLAHASSEE FL				83	
12. TALLAHASSEE FL				84 City	
13. TALLAHASSEE FL				85 Zip Code	
14. TALLAHASSEE FL				FL	
15. TALLAHASSEE FL				81 Name	
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CR2E037 (10/97)

SIGNATURE:

*[Signature]* REQUIRED

1-8-98 850-8934205