

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90110 041 ****61.25

DOCUMENT # 760381

1. Entity Name

**THE VILLAS OF ST. GEORGE CONDOMINIUM ASSOCIATION
, INC.**

Principal Place of Business

**1391 TIMBERLANE RD
SUITE 206
TALLAHASSEE FL 32312
US**

Mailing Address

**1391 TIMBERLAND RD
SUITE 206
TALLAHASSEE FL 32312
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2145871**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMAS E. DUGGAR
1391 TIMBERLANE RD
SUITE 206
TALLAHASSEE FL 32312**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **S COLLINS, ALICE**
STREET ADDRESS **60 EAST GULF BEACH DR**
CITY-ST-ZIP **ST GEORGE ISLAND FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **DT DUGGAR ED**
STREET ADDRESS **1888 OXBOTTOM ROAD**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D LAUGHLIN, WILLIAM**
STREET ADDRESS **2110 ELLICOTT DR**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D HARPER, WILLIAM**
STREET ADDRESS **3428 GALLANT FOX TRAIL**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **DVP MENDELSON, SIDNEY**
STREET ADDRESS **815 MIDDLEWOOD DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D BERGQUIST, GILBERT**
STREET ADDRESS **5145 PIMLICO DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

THOMAS E DUGGAR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS E DUGGAR

01/18/02

850-893-4205

Date

Daytime Phone #

CR2E037 (9/01)