# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 02, 2005 8:00 am**
**Secretary of State**
05-02-2005 90552 042 ***150.00

DOCUMENT# 760381

1. EntityName
THE VILLAS OF ST. GEORGE CONDOMINIUM ASSOCIATION, INC.

14015159

| PrincipalPlaceofBusiness | MailingAddress |
|---|---|
| 1391TIMBERLANERD<br>SUITE206<br>TALLAHASSEE,FL32312US | 1391TIMBERLANDRD<br>SUITE206<br>TALLAHASSEE,FL32312US |

04282005 Chg-NP CR2E037 (10/03)

| 2. PrincipalPlaceofBusiness | | 3. MailingAddress | |
|---|---|---|---|
| Suite,Apt.#,etc. | | Suite,Apt.#,etc. | |
| City&State | | City&State | |
| Zip | Country | Zip | Country |

4. FEINumber 59-2145871 ☐ AppliedFor ☐ NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

| 6. NameandAddressofCurrentRegisteredAgent | 7. NameandAddressofNewRegisteredAgent |
|---|---|
| THOMAS E. DUGGAR<br>1391 TIMBERLANE RD<br>SUITE 206<br>TALLAHASSEE, FL 32312 | Name<br>StreetAddress (P.O.BoxNumberisNotAcceptable)<br>City **FL** ZipCode |

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,i ntheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE _____
Signature,typedorprintednameofregisteredagentandtitleifapplicable. (NOTE:RegisteredAgentsignaturerequiredwhenre instating) DATE

**Filing Fee is $61.25**
**Due by May 1, 2005**

9. ElectionCampaignFinancing TrustFundContribution. ☐ **$5.00** MayBe AddedtoFees

**Make check payable to Florida Department of State**

| 10. OFFICERSANDDIRECTORS | | | 11. ADDITIONS/CHANGESTOOFFICERSANDDIRECTORSIN10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREETADDRESS / CITY-ST-ZIP | S<br>COLLINS, ALICE<br>60 EAST GULF BEACH DR<br>ST GEORGE ISLAND, FL | ☐ Delete | TITLE / NAME / STREETADDRESS / CITY-ST-ZIP | Director<br>Candy Parks<br>P O Box 723<br>Albany, Ga 37702 | ☐ Change XX Addition |
| TITLE / NAME / STREETADDRESS / CITY-ST-ZIP | DT<br>DUGGAR ED<br>1888 OXBOTTOM ROAD<br>TALLAHASSEE, FL | ☐ Delete | TITLE / NAME / STREETADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREETADDRESS / CITY-ST-ZIP | D<br>LAUGHLIN, WILLIAM<br>2110 ELLICOTT DR<br>TALLAHASSEE, FL | ☐ Delete | TITLE / NAME / STREETADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREETADDRESS / CITY-ST-ZIP | D<br>HARPER, WILLIAM<br>3428 GALLANT FOX TRAIL<br>TALLAHASSEE, FL 32308 | ☐ Delete | TITLE / NAME / STREETADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREETADDRESS / CITY-ST-ZIP | DVP<br>MENDELSON, SIDNEY<br>815 MIDDLEWOOD DRIVE<br>TALLAHASSEE, FL | XX Delete | TITLE / NAME / STREETADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREETADDRESS / CITY-ST-ZIP | D<br>BERGQUIST, GILBERT<br>5145 PIMLICO DRIVE<br>TALLAHASSEE, FL | ☐ Delete | TITLE / NAME / STREETADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

12. Ihereby 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:** Ed Duggar Ed Duggar D/T 4-28-05 893 4205
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#