

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2007 8:00 am**  
**Secretary of State**

01-17-2007 90055 004 \*\*\*\*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**

**60002373**



**DO NOT WRITE IN THIS SPACE**

01102007 No Chg-NP CR2E037 (4/06)

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**

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

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HEIDE, ROBERT D  
P.O. BOX 688  
EASTPOINT, FL 32328**

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
PARKS, CANDY  
P O BOX 723  
ALBANY, GA 37702**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MCCALL, ~~MCCALL~~ Eddie  
2562 ROYAL OAKS DRIVE  
TALLAHASSEE, FL 32301**

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-11-07 850 593 4205**