

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 11, 2003 8:00 am
Secretary of State

01-21-2003 90528 025 ****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**

55005922



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2145871**

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

8. 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. 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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Delete
NAME	COLLINS, ALICE	
STREET ADDRESS	60 EAST GULF BEACH DR	
CITY-ST-ZIP	ST GEORGE ISLAND FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	DUGGAR ED	
STREET ADDRESS	1888 OXBOTTOM ROAD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAUGHLIN, WILLIAM	
STREET ADDRESS	2110 ELLCOTT DR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARPER, WILLIAM	
STREET ADDRESS	3428 GALLANT FOX TRAIL	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	MENDELSON, SIDNEY	
STREET ADDRESS	815 MIDDLEWOOD DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERGQUIST, GILBERT	
STREET ADDRESS	5145 PIMLICO DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **SIGNATURE REQUIRED**

Ed Duggar

2-10-03 ⁸⁵⁰
^{893 4205}

Date Daytime Phone #

CR2E037 (10/02)