

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90206 041 \*\*\*150.00

**DOCUMENT # K99277**

1. Entity Name  
RESORT REALTY OF ST. GEORGE ISLAND, INC.



Principal Place of Business Mailing Address  
~~123 GOLF BEACH DR W~~ 71 MARKET STREET  
ST GEORGE ISLAND, FL 32328 US APALACHICOLA, FL 32320 US

2. Principal Place of Business - No P.O. Box #  
140 West 1st Street  
Suite, Apt. #, etc.  
Suite D

3. Mailing Address  
City & State

Zip Country Zip Country

03122007 Chg-P CR2E034 (12/06)

4. FEI Number  
59-2958974 Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

SPOHRER, HELEN T.  
~~123 GOLF BEACH DR W~~  
ST. GEORGE ISLAND, FL 32328

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
140 West 1st St, Suite D  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

TITLE VSTD ☐ Delete  
NAME SPOHRER, HELEN T  
STREET ADDRESS ~~123 GOLF BEACH DR~~  
CITY - ST - ZIP ST GEORGE ISLAND, FL

TITLE PD ☐ Delete  
NAME DRYE, ROSE  
STREET ADDRESS 564 PINE AVE. W  
CITY - ST - ZIP ST GEORGE ISLAND, FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 140 West 1st St, Suite D  
CITY - ST - ZIP

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

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

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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 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 607, 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: Helen T. Spohrer  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-07 850 9272666  
Date Daytime Phone #